THE HEALTH AND SOCIAL SERVICES OF DORSET

ANNUAL REPORT

of the

County Medical Officer of Health

for the year

1954

A. A. LISNEY, M.A., M.D., D.P.H.

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FOREWORD

A review of the health of the community in the county during 1954 reveals that the incidence of infectious d notifiable disease, including poliomyelitis, was remarkably low. This is interesting in view of the fact that e weather, particularly during the summer, was the worst for many years. Notified cases of pulmonary berculosis and deaths from this disease both showed a satisfactory decrease, and there were no cases of phtheria or smallpox. The infant mortality rates for both the county and the country as a whole were the west ever recorded, the former being well below the national figure.

Tuberculosis.

Both the notifications and deaths from pulmonary and non-pulmonary tuberculosis continued to decline. During the year B.C.G. vaccination was extended to include school children approaching their fourteenth birthday, and full details of the numbers tested and vaccinated appear in the body of this report. The response of the public was good, in that parental consent to vaccination was obtained for eighty per cent of the children in this group. The co-operation and interest of teachers played an important part in the success of the scheme, and by the end of the year it only remained for the facilities to be extended to the Poole and South Dorset areas; it is anticipated that the programme for the entire county will be completed early in 1955.

Building Programme.

The first clinic to be built in the county since the war, was opened at Hamworthy, and newly-constructed ambulance depots at Poole and Swanage were completed. Plans were also well in hand for the erection of health clinics at Swanage, Portland and Bridport. At Swanage a physiotherapy department for the regional hospital board has been included, and the ante-natal facilities in the Portland clinic will be used by the consultant obstetrician to the advantage of the expectant mothers living locally.

Accommodation for Old People.

Dorset was the first county to give financial assistance to housing authorities in the provision of special dwellings for elderly persons. The County Council considered that a joint measure of this nature would result in a smaller number of persons eventually needing care and attention, and for whom the council would have to provide residential accommodation under Part III of the National Assistance Act. The success of the scheme may be measured by the fact that no fewer than twenty-four local authorities have written for details of what has become known as the 'Dorset Scheme'.

The development of the County Council's arrangements for the provision of accommodation for elderly persons continues, and during the year plans were in preparation for the building of a new home at Gillingham and an extension to the home for the blind at Belmont Court, Parkstone.

Problem Families

As long as problem families exist in the community, everything possible should be done to eliminate what must be regarded as a serious challenge to the health and welfare services, and there is considerable scope for the imaginative planning of preventive measures to cope with this state of affairs. It can reasonably be expected that any improvement in the situation would be followed by a reduction in juvenile delinquency and human suffering, and result in considerable economic savings. Discussions have taken place with the Poole Borough Council, and a joint scheme has been agreed upon which provides for both the prevention and rehabilitation of problem families in that area.

When Ministry of Health circular 27/54, dealing with the prevention of the break-up of families, was received, the council had already decided to appoint two additional health visitors for liaison duties. This circular, which confirmed and gave welcome support to the council's plans, is both important and helpful and I hope in my report for 1955 to include a full account of the scheme generally, together with appropriate statistical details.

Welfare Foods.

The transfer of the welfare foods service from the Ministry of Food to local health authorities took place at the end of June, 1954. It is largely due to the co-operation of the Women's Voluntary Service that the distribution of the foods has continued with efficiency, and in rural districts the number of centres has actually increased. Thanks are due to all the voluntary helpers who have made the scheme such a success.

Water Supplies and Sewerage

Progress in providing piped water and main drainage in the rural districts is encouraging, and is a factor which must contribute to the county's ability to accommodate an increasing population in so healthy a manner. A great deal still remains to be done, however, particularly in the case of sewerage disposal not only in the villages but also in the towns where, in some cases, the need is even more urgent.

Administration in local government requires the team spirit, and I am happy to report that in Dorset the co-operation which exists in the health and welfare services between the members of the committees and the staff generally is all that could be desired. For this I record my sincere appreciation to those concerned, more particularly to the Chairman of the Health and Social Services Committee, Mr. Douglas Jackman, who is always at hand with valuable knowledge and advice.

ARTHUR A. LISNEY,
County Medical Officer of Health.

Health Department,
County Hall,
Dorchester, Dorset.
July, 1955.

STAFF OF HEALTH DEPARTMENT

Central Staff

ıty Medical Officer of Health;
cipal School Medical Officer.
LISNEY, A. A., M.A., M.D., D.P.H.

ıty County Medical Officer of Health;
ıty Principal School Medical Officer.
TURNER, A. F., M.B., B.CH., D.P.H.

or Medical Officer;
ol Medical Officer.
SCOTT, A. G., M.B., CH.B., D.P.H.

stant County Medical Officers of Health.
EVANS, L. S., M.R.C.S., L.R.C.P., D.P.H.
SIMONDS, W. H., M.A., M.D.

ombined Appointments).
ARMIT, A., M.B., CH.B., D.P.H.
LAWRENCE, I. B., B.SC., M.B., CH.B., D.P.H.
MAYES, J. B. M., M.B., B.S., D.P.H.
O'KEEFFE, E. J., M.R.C.S., L.R.C.P., D.P.H.
PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H.

Appointment with Regional Hospital Board:
onsultant Chest Physician).
CLARK, A., M.D., M.R.C.P.

onsultant Psychiatrist).
WHILES, W. H., M.R.C.S., L.R.C.P., D.P.M.

cipal School Dental Officer.
PRETTY, P. J., L.D.S.

al Officers.
ALLEN, J. M., B.D.S. (Resigned 31/5/54).
FLINT, M. F., L.D.S.
FOREMAN, W. R., L.D.S.
GIBSON, A. N. R., L.D.S. (To South Dorset Area 25/6/54).
HODGES, W. V. A., M.C., L.D.S.
MACGREGOR, J. A. E., L.D.S. (Commenced 1/8/54).
O'CONNOR, Miss M. P., L.D.S. (Commenced 27/9/54).

ıty Sanitary Officer and County Sanitary Engineer.
KING, F. M. W., M.S.E., F.I.S.E., M.R.SAN.I., M.S.I.A.

stant County Sanitary Officer.
PARRY, A. H., M.R.SAN.I., M.S.I.A.

ıty Ambulance Officer.
THOMPSON, W. G. M., O.B.E.

hiatric Social Worker.
FILLITER, Miss A. D.

estic Help Organiser.
LE FANU, Miss B., B.A., B.SC.

rintendent Health Visitor;
rvisor of Midwives;
ıty Nursing Officer.
RANKLIN, Miss I. F., S.R.N., S.C.M., H.V.CERT.

stant Superintendent Health Visitors;
rvisors of Midwives;
stant County Nursing Officers.
HEATHER, Miss G., S.R.N., S.C.M., H.V.CERT.
HUNT, Miss R., S.R.N., S.C.M., H.V.CERT.

Health Visitors.
ALLEN, Miss F. N., S.R.N., S.C.M., H.V.CERT.
BULLOCK, Mrs. M. E., S.R.N., S.C.M., H.V.CERT.
CRISP, Miss I. M., S.R.N., S.C.M., H.V.CERT., D.S.A.
FOULDS, Miss M. J., S.R.N., S.C.M., H.V.CERT.
FULLER, Miss M. E., S.R.N., S.C.M., H.V.CERT.
HARWIN-RICKETTS, Mrs. M. V., S.R.N., S.C.M.
JORGENSEN, Miss P. K., S.R.N., S.C.M., H.V.CERT.
MACK, Miss O., S.R.N., S.C.M., H.V.CERT. (Retired 9/10/54).
MANSBRIDGE, Miss D. E. A., S.R.N., S.C.M., H.V.CERT. (Commenced 20/12/54).
METCALF, Mrs. J. W., S.R.N., S.C.M., H.V.CERT. (Resigned 28/2/54).
POTT, Miss J. F., S.R.N., S.C.M., H.V.CERT.
READ, Miss L. M., S.R.N., S.C.M., H.V.CERT., D.S.A.
RICHARDSON, Miss I. F., S.R.N., S.C.M., H.V.CERT.
TROTMAN, Miss V., S.R.N., S.C.M., H.V.CERT.
TRUSCOTT, Miss M., S.R.N., S.C.M., H.V.CERT., D.S.A.
TUFF, Miss M. E., S.R.N., S.C.M., H.V.CERT. (Commenced 1/7/54).
WALKER, Miss M. M., S.R.N., S.C.M., H.V.CERT., D.S.A.
WARVILL, Miss E. I., S.R.N., S.C.M., H.V.CERT.
WHEELER, Miss C. R., S.R.N., S.C.M., H.V.CERT.
WHITE, Miss W. M., S.R.N., S.C.M., H.V.CERT.

Chief Officer for the Welfare of the Blind.
TYACKE, Miss O.

Home Teachers for the Blind.
ABBERTON, Miss M.
CLIST, Miss E. M.
KERSHAW, Miss P. M.
OWEN, Miss G. M.
STEWART, Miss M. E.

Chief Mental Deficiency Officer.
BAZELEY, Miss D. K.

Mental Welfare Officers.
MABB, Mrs. B.
STEVENSON, Miss J.

Home Teachers.
EVERARD, Miss B.
LAURENCE, Miss M. D., M.A.O.T.

Supervisor, Poole Occupation Centre.
FRENCH, Mrs. C. E., M.A.O.T.

District Officers.
BAMFORD, K. W.
HOPKINS, C. G.
JOHNSTON, H. T.
RANDALL, W. R. (Died 6/11/54)
RICHARDS, W. E.
} Also duly authorised officers for the purpose of the Lunacy and Mental Treatment Acts.

Occupational Therapist.
GAYE, Miss P. M.

Oral Hygienist.
EVANS, Miss S. (Resigned 20/11/54).

Dental Attendants.
BANKS, Miss A. A.
CLARKE, Miss S. M.
GORDON ALLARDYCE, Mrs. M. (Commenced 29/11/54).
HARDING, Miss M. P.
LAVER, Miss D. E. K. (Resigned 31/1/54).
ROSE, Miss D. W. (Resigned 30/4/54),
STILES, Miss L. D. (Commenced 15/2/54).
STUDLEY, Miss Q.

Chief Clerk.
HUTCHINGS, H. L.

Poole Area Staff

Area Medical Officer;
School Medical Officer, Excepted Area.

Hutton, J., M.D., D.P.H.

Assistant County Medical Officers of Health.

Cairns, K. M., M.B., B.S., M.R.C.S., L.R.C.P. (Commenced 1/10/54).
Moignard, J. P., M.A., B.M., B.CH., M.R.C.O.G. (Resigned 30/4/54).
Sinclair, J. A., M.B., CH.B., D.P.H.
Williamson, H. C., M.B., B.CH., D.P.H.

Area Dental Officer.

Rimmer, W. K., L.D.S.

Dental Officers.

Sullivan, J. M., L.D.S.
Thomas, C. E., L.D.S.

Area Domestic Help Organiser.

Thickett, Miss L. M.

Area Superintendent Health Visitor;
Supervisor of Midwives.

Kingsbury, Miss M. M., S.R.N., S.C.M., H.V.CERT.

Health Visitors.

Brooks, Miss H. E., S.R.N., S.C.M., H.V.CERT.
Hall, Mrs. V. M., S.R.N., S.C.M., H.V.CERT.
Koster, Miss I. F., S.R.N., S.C.M., H.V.CERT.
Kusel, Miss V. M., S.R.N., S.C.M., H.V.CERT.
Lever, Miss L. B., S.R.N., S.C.M.
Narbett, Mrs. V., S.R.N., S.C.M., H.V.CERT.
Phillips, Miss M. A., S.R.N., S.C.M., H.V.CERT.
Porter, Miss K. F., S.R.N., S.C.M., H.V.CERT.
Stapley, Mrs. M., S.R.N., S.C.M., H.V.CERT.

Midwives (Whole-time).

Bellringer, Miss I. M.
Forrest, Miss L. I. I.
Grenet, Miss D. M.
Hardy, Miss A. D. E. M. (Commenced 16/6/54).
Hill, Miss W. M. (Commenced 1/11/54).
Kernick, Miss L. (Resigned 30/4/54).
Morris, Miss J. E.
O'Leary, Miss M.
Roberts, Miss J.
Thickett, Miss M.
Tugwell, Miss E. F.
Tyndale-Biscoe, Miss B. B. (Resigned 9/6/54).

Matron, Day Nursery.

McCutcheon, Miss M. J.

Dental Attendants.

Forrest, Miss G.
Mattison, Mrs. E. T.
Nicholls, Miss R. N.

South Dorset Area Staff

Area Medical Officer.

Wallace, E. J. G., M.B., CH.B., D.P.H.

Assistant County Medical Officer of Health.

Ward, C. A. G., M.B., B.S.

Dental Officers.

Gibson, A. N. R. (From Central Staff 25/6/54).
Mason, Mrs. M. D., B.D.S.
Stewart, D. J., B.D.S. (Resigned 28/2/54).

Area Domestic Help Organiser.

Perry, Miss J. A.

Health Visitors.

Allgood, Miss D. B., S.R.N., S.C.M., H.V.CERT.
Brock, Miss L., S.R.N., S.C.M., H.V.CERT., D.S.A.
Hughes, Mrs. G. M., S.R.N., S.C.M., H.V.CERT.
Richardson, Miss G. F., S.R.N., S.C.M., H.V.CERT.
Stembridge, Miss I., S.R.N., S.C.M., H.V.CERT.
Sunderland, Miss D., S.R.N., S.C.M., H.V.CERT., D.S.A.

Midwives (Whole-time).

Campbell, Mrs. L.
Curtis, Mrs. H.
Emery, Miss G. S.

Dental Attendants.

Briggs, Mrs. M. J.
Wood, Miss A. B.

OFFICERS OF OTHER AUTHORITIES

(*at 31st December*, 1954)

Boroughs	*Medical Officers*	*Sanitary Inspectors*
Blandford Forum	Dr. J. B. M. Mayes	Mr. W. E. Ramm.
Bridport	*Dr. A. Armit	Mr. R. N. Armstrong.
Dorchester	Dr. I. B. Lawrence	Mr. C. F. Allard (Senior).
		Mr. K. H. James.
Lyme Regis	*Dr. A. Armit	Mr. E. Prescott.
Poole	*Dr. J. Hutton	Mr. R. Leggat (Senior).
		Mr. C. Glover.
		Mr. R. M. Impett.
		Mr. C. A. Trim.
		Mr. G. Tucker.
		Mr. F. K. W. Francis.
Shaftesbury	Dr. N. F. Pearson	Mr. W. N. Teasdale.
Wareham	Dr. E. J. O'Keeffe	Mr. J. R. Tanner.
Weymouth and Melcombe Regis	*Dr. E. J. G. Wallace	Mr. H. Handscomb (Chief).
		Mr. A. L. Harris.
		Mr. R. G. S. Newbould.
Urban Districts.		
Portland	Dr. E. J. G. Wallace	Mr. H. R. A. Bolt.
Sherborne	Dr. N. F. Pearson	Mr. C. E. Bean (Senior).
		Mr. P. A. Williams.
Swanage	Dr. E. J. O'Keeffe	Mr. K. W. Greenwood.
Wimborne	Dr. J. B. M. Mayes	Mr. R. Gellender.

* *Also Port Medical Officer.*

Rural Districts	*Medical Officers*	*Sanitary Inspectors*
Beaminster	Dr. A. Armit	Mr. C. C. Rundle.
Blandford	Dr. J. B. M. Mayes	Mr. G. S. C. Udall (Senior).
		Mr. M. A. Stockley.
Bridport	Dr. A. Armit	Mr. L. F. A. Maddocks (Chief).
		Mr. J. R. Newman.
Dorchester	Dr. I. B. Lawrence	Mr. N. Rawlins (Senior).
		Mr. F. C. Powell.
		Mr. S. M. Payne.
Shaftesbury	Dr. N. F. Pearson	Mr. W. E. Breeds (Senior).
		Mr. D. F. Anthony.
Sherborne	Dr. N. F. Pearson	Mr. J. E. Fannon.
Sturminster	Dr. N. F. Pearson	Mr. J. H. Dean (Senior)
		Mr. F. Hodson.
Wareham	Dr. E. J. O'Keeffe	Mr. E. D. Grant (Senior).
		Mr. F. W. White.
Wimborne	Dr. J. B. M. Mayes	Mr. W. Chick (Chief).
		Mr. G. Bower.
		Mr. R. E. S. Hargreaves } Meat
		Mr. A. Holmes } Inspectors
		Mr. W. T. Barton } Inspectors

Public Health Laboratory Service

Dorchester Laboratory.

Tee, G. H., M.A., M.R.C.S., L.R.C.P.

Boscombe Laboratory.

King, G. J. G. M.A., M.B., B.CHIR.

COMMITTEES

In accordance with the request of the Ministry of Health, details of the committee structure relating to the health services are included in this report.

The county council delegated to the Health and Social Services Committee:—

(*a*) their powers and duties under the appropriate statutes relating to:—

Registration and exemption from Registration of Nursing Homes;
Health Education and Prevention of Illness, Care and After-Care;
Notification of Births and related Infectious Diseases;
Midwives and the Supervision of Midwives;
Care of Mothers and Young Children;
Health Visiting;
Midwifery;
Home Nursing;
Vaccination and Immunisation;
Health Centres and Ambulances;
Domestic Help; and

(*b*) their powers and duties under the following statutes:—

(i) Housing Acts, 1936-1946, and the Housing (Rural Workers) Acts, 1926-1942, and any enactments amending the same, with the exception of the power to resolve that the functions of a defaulting local authority shall be transferred to the county council;

(ii) National Assistance Act, 1948;

(iii) The Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938, as amended by the National Health Service Act, 1946;

(iv) Section 25 of the Food and Drugs Act, 1938, the Food and Drugs (Milk and Dairies) Act, 1944, and the Milk (Special Designations) Act, 1949, and any Orders made thereunder and any enactments or Orders amending the same;

(v) Nurses Acts, 1943-1945, and any enactments amending the same;

except the power of levying or issuing a precept for a rate or borrowing money.

The Health and Social Services Committee in turn decided to re-delegate certain powers and duties to sub-committees as follows:—

1. Maternity, Child Welfare and Nursing Sub-Committee:

(i) in respect of those parts of the county not comprised in either the Poole Borough Area, or in the South Dorset Area:—

(*a*) delegated powers (subject to general control and direction with regard to policy being exercised by the full committee) with regard to day-to-day administration of the council's functions under the Statutes relating to:—

(i) Notification of Births and related Infectious Diseases;
(ii) Supervision of Midwives;
(iii) Care of Mothers and Young Children;
(iv) Health Visiting;
(v) Midwifery;
(vi) Home Nursing;
(vii) Vaccination and Immunisation;
(viii) Domestic Help;

(*b*) referred business: to consider and report to the committee upon all matters arising in respect of the said functions and not dealt with by them under their powers relating to day-to-day administration;

(ii) as regards the Poole Borough Area and the South Dorset Area:—

(*a*) delegated powers: nil;

(*b*) referred business: to consider and report to the committee upon any recommendations of the Area Health Sub-Committees regarding the exercise within those areas of the functions enumerated in paragraph 1 (i) (*a*) above and 2 (i) below and involving questions of policy affecting their exercise elsewhere in the county.

2. Area Health Sub-Committees:

(i) delegated powers regarding the exercise within the respective areas of the functions enumerated in paragraph 1 (i) (*a*) above;

(ii) referred business: to consider and advise upon any matter referred to the sub-committees by the Health and Social Services Committee, or by the Maternity, Child Welfare and Nursing Sub-Committee, the Health Centre and Ambulance Services Sub-Committee, or the Social Services Sub-Committee, or by the respective Chairmen of such committee or sub-committees in connection with the administration of any of the services provided by the county council under Part III of the National Health Service Act, 1946.

3. Health Centre and Ambulance Services Sub-Committee:

The functions of the county council relating to Health Centre and Ambulance Services.

4. Social Services Sub-Committee:

The functions of the county council under:—

(i) The National Assistance Act, 1948;

(ii) The Lunacy and Mental Treatment Acts, 1890-1930, and Mental Deficiency Acts, 1913-1938, as amended by the National Health Service Act, 1946;

(iii) Section 28 of the National Health Service Act, 1946, relating to care and after-care.

5. Public Health Sub-Committee:

The functions of the county council under:—

(i) The Housing Acts, 1936-1946, and the Housing (Rural Workers) Acts, 1926-1942, and any enactments amending the same with the exception of the power to resolve that the functions of a defaulting local authority shall be transferred to the county council;

(ii) Section 25 of the Food and Drugs Act, 1938, the Food and Drugs (Milk and Dairies) Act, 1944, and the Milk (Special Designations) Act, 1949, and any Orders made thereunder and any enactments or Orders amending the same.

6. Nurses Acts Sub-Committee:

The functions of the county council under the Nurses Acts, 1943-1945.

NATURAL AND SOCIAL CONDITIONS AND STATISTICS OF THE AREA

Natural and Social Conditions

Dorset is a rural, well-wooded county of just under 1,000 square miles. The climate is mild and healthy with a high number of hours of sunshine. In the following table are given the average monthly rainfall figures for 1954 of thirty-nine stations in the county, together with the average hours of sunshine per month of two coastal stations:—

Month	*Average rainfall of 39 stations*	*Average hours of sunshine of 2 coastal stations*	*Month*	*Average rainfall of 39 stations*	*Average hours of sunshine of 2 coastal stations*
January ..	1·98 inches	74·45	July ..	3·18 inches	166·40
February ..	3·60 ,,	80·55	August ..	3·40 ,,	196·20
March ..	4·64 ,,	131·75	September ..	3·89 ,,	181·70
April ..	·17 ,,	252·5	October ..	3·52 ,,	100·85
May ..	2·27 ,,	194·8	November ..	7·10 ,,	56·65
June ..	3·11 ,,	187·4	December ..	3·51 ,,	53·25

The rainfall figures showed a substantial increase compared with those for the preceding year, the average for 1954 of thirty-nine stations in the county being 40·10 ins. whilst the figures from thirty-nine stations in 1953 revealed an average of 27·61 ins. The figures were the highest recorded since 1951, when the average from forty stations was 46·34 ins.

The sunshine figures recorded at the coastal resort of Weymouth during 1954 were the lowest for some years, being 1,698 hours as compared with 1,916 for the previous year.

I am indebted to the Urban District Meteorological Officer for the Swanage figures, the Borough Meteorologist for those relating to Weymouth, and to the Secretary to the Dorset Natural History and Archaeological Society for the remainder.

Dorset enjoys a considerable coastline to the English Channel and it is natural that the sandy beaches of Poole, Swanage, Weymouth, West Bay and Lyme Regis attract large numbers of holidaymakers during the season.

General Statistical Summary of the County

Statistics relating to population, births and deaths are provided by the Registrar-General and include members of the armed rces who were stationed in the area.

Area comparability factors for births and deaths, allowing for the differing age and sex distribution of the population in fferent areas, are given and may be used for comparing birth rates and death rates with those in other areas.

The numbers of births, stillbirths and deaths allocated to the area are those registered during the year 1954, as adjusted for vard and outward transfers.

The following is a summary of the vital statistics for the administrative county:—

Area in acres			622,843
Population	Urban	188,070	
	Rural	113,430	
			301,500
Rateable value as at 1st April, 1954			£2,094,569
Estimated product of a penny rate			£8,300

Births:	*Male*	*Female*	*Total*
Live births:			
Legitimate	2,127	1,976	4,103
Illegitimate	106	88	194
Total live births	2,233	2,064	4,297
Birth rate per thousand population			14·2
Legitimate birth rate per thousand population			13·6
Illegitimate birth rate per thousand population			·64
Illegitimate birth rate per thousand live births			45
Stillbirths:			
Legitimate—98 Illegitimate—4 Total			102
Stillbirth rate per thousand population			·33
Stillbirth rate per thousand total live and stillbirths			23·2
Illegitimate stillbirth rate per thousand total illegitimate (live and still) births			20·20

Deaths:		
Total deaths		3,447
Death rate		11·4

Deaths from puerperal causes:	*Deaths*	*Rate per 1,000 total (live and still) births*
Puerperal sepsis	—	—
Other puerperal causes	3	0·68
Total	3	0·68
Deaths of infants under one year of age:		
Legitimate—94 Illegitimate—4 Total		98
Death rate of infants under one year of age:		
All infants per 1,000 live births		22·8
Legitimate infants per thousand legitimate live births		22·9
Illegitimate infants per thousand illegitimate live births		20·6
Deaths from diphtheria		Nil
,, ,, measles		Nil
,, ,, whooping cough		1
,, ,, pulmonary tuberculosis		37
,, ,, non-pulmonary tuberculosis		4
,, ,, cancer (all forms)		612

The chief causes of death, with the corresponding percentages of total deaths (3,447) are given in the table below:—

(a)	Heart disease	33·2	
(b)	Cancer (all forms)	18·0	
(c)	Cerebral haemorrhage	16·2	
(d)	Other circulatory diseases	5·3	
(e)	Pneumonia	3·6	
(f)	Bronchitis	2·9	
(g)	Accidents other than motor-vehicle	2·1	
(h)	Nephritis and nephrosis	1·3	
(i)	Ulcer, stomach and duodenum	1·2	
(j)	Suicide	1·1	
(k)	Tuberculosis, respiratory	1·1	

Comments on Vital Statistics (*Tables* 1—5)

Birth Rate. The birth rate for 1954 was 14·2 compared with 15·2 for England and Wales. Both rates show a decrease of 0·3 mpared with the previous year.

Infant mortality. The rate for Dorset of 22·0 was well below the national figure of 25.5 which is the lowest rate ever recorded England and Wales. Last year the rate in Dorset was 23·88.

Death rate. The death rate of 11·4 was slightly above the rate for England and Wales of 11·3, but below the county rate of ·0 in 1953. The number of deaths attributed to cancer of the lung or bronchus remained at the same high level as last year, the ures being eighty-two and eighty-three respectively. Accidents of all kinds accounted for ninety-nine deaths of which twenty-six re connected with motor-vehicles; eighty-one per cent of the latter figure were males.

Maternal mortality. Three deaths were attributed to maternal causes giving a rate of 0·68 per thousand live and still births. ne of the deaths was due to puerperal sepsis, but included one at age forty-five where the interval between maternal condition d death exceeded twelve months.

Infectious disease. Deaths from infectious disease numbered four compared with five in 1953. The incidence of infectious sease generally was much lower than during 1953, and no outbreak of poliomyelitis was experienced. Further details are given under e appropriate section of this report.

Morbidity Figures

Information is received weekly from the local offices of the Ministry of National Insurance on the number of new claims for ickness benefit in the county. These figures give useful information on the general incidence of illness in the working population, nd the effects of seasonal illness or epidemics. During 1954 the number of new claims was less than the figure for 1953, particularly uring the first three months of the year, the increase in 1953 being mainly due to a larger number of influenza cases.

Details of the monthly morbidity figures for the past three years are given in the following table:—

Month	1952		1953		1954	
	Total number of new claims	*Number per 1,000 population*	*Total number of new claims*	*Number per 1,000 population*	*Total number of new claims*	*Number per 1,000 population*
January ..	2,551	8·60	3,478	11·61	2,821	9·35
February ..	2,608	8·79	4,483	14·98	2,802	9·29
March ..	2,241	7·55	3,300	11·02	2,800	9·29
April ..	2,385	8·04	2,125	7·09	1,755	5·82
May ..	1,724	5·81	1,785	5·96	1,944	6·45
June ..	1,447	4·88	1,966	6·56	2,082	6·90
July ..	1,837	6·19	1,566	5·23	1,482	4·91
August ..	1,376	4·62	1,354	4·52	1,884	6·25
September	2,041	6·88	2,026	6·76	1,622	5·38
October ..	1,961	6·61	2,080	6·94	1,851	6·15
November ..	1,767	5·96	1,969	6·57	2,479	8·22
December ..	2,470	8·33	1,983	6·62	1,854	6·15
Totals ..	24,402	82·26	28,115	93·86	25,376	84·16

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE (*Table* 5)

The year under review was a satisfactory one as far as the incidence of infectious diseases in the county was concerned, no ıajor epidemics being experienced and the number of cases of poliomyelitis was well below the level for the previous year; indeed, he number of notifications of all the commoner infectious diseases show a decrease compared with 1953. Although an annual uctuation in incidence is to be expected in certain of these diseases, the decrease during 1954 was marked, particularly in the case f measles where the 102 notifications received is one of the lowest figures ever recorded in the county.

Disease	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Diphtheria:										
No. of cases notified ..	17	20	11	4	3	1	—	1	—	1
Incidence rate	0·07	0·08	0·04	0·01	0·01	0·003	—	0·003	—	0·003
No. of deaths	3	3	—	—	—	—	—	—	—	—
Death rate	0·01	0·01	—	—	—	—	—	—	—	—
Typhoid and Para-typhoid Fever:										
No. of cases notified ..	3	1	—	7	2	1	4	3	2	1
Incidence rate	0·01	0·004	—	0·03	0·007	0·003	0·01	0·01	0·007	0·003
No. of deaths	—	—	—	—	—	—	—	—	—	—
Death rate	—	—	—	—	—	—	—	—	—	—
Measles:										
No. of cases notified ..	3,056	899	3,232	1,571	3,761	1,545	4,709	950	4,900	102
Incidence rate	12·58	3·48	13·12	5·76	13·67	5·31	15·89	3·20	16·37	0·34
No. of deaths	1	—	1	—	2	—	2	—	1	—
Death rate	0·004	—	0·004	—	0·007	—	0·006	—	0·003	—
Scarlet Fever:										
No. of cases notified ..	248	201	147	226	211	194	172	125	188	184
Incidence rate	1·02	0·78	0·60	0·73	0·77	0·67	0·58	0·42	0·63	0·61
No. of deaths	—	—	—	—	—	—	—	—	—	—
Death rate	—	—	—	—	—	—	—	—	—	—
Smallpox:										
No. of cases notified ..	—	—	—	—	—	—	—	—	—	—
Incidence rate	—	—	—	—	—	—	—	—	—	—
No. of deaths	—	—	—	—	—	—	—	—	—	—
Death rate	—	—	—	—	—	—	—	—	—	—
Whooping Cough:										
No. of cases notified ..	520	923	825	1,339	819	1,386	1,492	866	1,125	876
Incidence rate	2·14	3·58	3·35	5·13	2·97	4·77	5·04	2·92	3·76	2·90
No. of deaths	1	5	1	3	4	—	3	—	1	1
Death rate	0·004	0·02	0·004	0·01	0·01	—	0·01	—	0·003	0·003

Smallpox

No case of smallpox has been reported in Dorset during the past ten years. While it is agreed that this is a satisfactory state ıffairs, the fact remains that the record does not reflect a high vaccination state in the population. Although the 925 children ıer one year of age who were vaccinated for the first time during 1954 is higher than the post-war average, this figure does not ıpare favourably with the annual births of about 4,000 or with, for example, the findings at school medical inspections in 1910 ın 85·6 per cent of schoolchildren were recorded as having been vaccinated.

Diphtheria

One case of diphtheria, an unimmunised adult hotel worker, was reported during the year, and bacteriological investigation wed that the infection was of the gravis type.

The number of children under five years; the number aged from five to fifteen years; and the total number under fifteen years, ɔ were immunised against diphtheria during the year all show a slight increase on the 1953 figures, but the percentage in each group who have received this protection is somewhat less. At the same time, I am however, pleased to report that there has been stinct increase in the number of children who have received reinforcing or 'booster' doses.

Full details of the diphtheria immunisation scheme will be found in another section of this report.

Whooping Cough

Fewer notifications of whooping cough were received during 1954, and the cases were distributed fairly evenly during the r quarters of the year. One death, an infant aged six months, was attributed to this disease.

Steps are being taken by the county council to modify their proposals under the National Health Service Act, so as to provide lities for whooping cough immunisation.

Scarlet Fever

The incidence of scarlet fever showed a slightly downward trend compared with 1953 and few complications were reported. deaths resulted from this disease.

Measles

The number of cases of measles reported during the year was greatly reduced compared with previous years. Seventy-five cent of the 102 cases notified occurred in the third quarter of the year, and no deaths were notified.

Poliomyelitis (including Polioencephalitis)

There was no epidemic of poliomyelitis in Dorset during 1954, and the number of twenty-seven confirmed cases was much than those notified in 1953 and well below the average for the years 1947 to 1954. One death occurred in a case with bulbar alysis resulting in a death rate of 3·31 per million compared with 7·0 in 1953 and 2·57 in England and Wales. A case fatality rate ·7 per cent was higher than the figure for 1953, but lower than the national figure of 5·8.

Details of the mortality figures for the years 1950 to 1954 in Dorset and England and Wales respectively are given in the ɔwing table:—

	1950		1951		1952		1953		1954	
	Dorset	*England and Wales*	*Dorset*	*England and Wales*	*Dorset*	*England and Wales*	*Dorset*	*England and Wales*	*Dorset*	*England and Wales*
ɔtal deaths	18	755	1	215	1	295	2	320	1	114
eath rate per million population	62	17	3	5	3	7	7	7·3	3·31	2·57
ase fatality rate (percentage)	16	10	3	8	4	8	1·33	7	3·7	5·8

sonal Incidence

Although the greatest number of notifications were received during the September quarter, the cases were more evenly tributed throughout the year than during 1953. This is to be expected to a certain extent during a non-epidemic year, but may ɔ be due in part to a carry-over of infection from the previous year, although it must be admitted that only two cases were orted during the first quarter.

The table below gives the distribution of cases in the four quarters of each of the years 1950-1954:—

	1950		1951		1952		1953		1954	
Quarter	*Cases*	*Percentage of total*	*Cases*	*Percentage of total*	*Cases*	*Percentage of total*	*Cases*	*Percentage of total*	*Cases*	*Percentage of total*
March ..	3	3	3	9	—	—	6	4	2	7·4
June ..	1	1	2	6	4	16	6	4	5	18·5
September ..	70	63	21	64	10	42	97	64·7	13	48·2
December ..	37	33	7	21	10	42	41	27·3	7	25·9
Totals ..	111	100	33	100	24	100	150	100	27	100

The urban and rural districts were equally affected, fourteen cases occurring in the former compared with thirteen in the ɛr. Dorchester Urban and Rural Districts suffered most heavily with eight and seven cases respectively; a total of fifteen out of rand total of twenty-seven for the county. The Dorchester cases occurred in two outbreaks, nine cases developing in July and six November. In the first wave three cases, one of whom died, were in the same family.

The following table gives details of the distribution of the cases in the local authority areas by quarters:—

District	*Quarter* 1954							
	March		*June*		*September*		*December*	
	Paralytic	*Non-Paralytic*	*Paralytic*	*Non-Paralytic*	*Paralytic*	*Non-Paralytic*	*Paralytic*	*Non-Paralytic*
Blandford Borough	—	—	—	—	—	—	—	—
Bridport Borough	—	—	—	—	—	—	—	—
Dorchester Borough ..	—	—	1	—	3	2	2	—
Lyme Regis Borough ..	—	—	—	—	—	—	—	—
Poole Borough	1	—	—	—	—	—	1	—
Portland Urban	—	—	—	—	—	—	—	—
Shaftesbury Borough ..	—	—	—	—	—	—	—	—
Sherborne Urban	—	—	—	—	—	—	—	—
Swanage Urban	—	—	—	—	—	—	—	—
Wareham Borough	—	—	—	—	—	—	—	—
Weymouth Borough ..	—	—	1	—	1	2	—	—
Wimborne Urban	—	—	—	—	—	—	—	—
Beaminster Rural	—	—	—	—	—	—	—	—
Blandford Rural	—	—	1	—	—	—	—	—
Bridport Rural	—	—	2	—	—	—	—	—
Dorchester Rural	—	—	—	—	1	2	2	2
Shaftesbury Rural ..	—	—	—	—	—	—	—	—
Sherborne Rural	—	—	—	—	—	—	—	—
Sturminster Rural	—	—	—	—	—	—	—	—
Wareham Rural	—	—	—	—	—	—	—	—
Wimborne Rural	1	—	—	—	1	1	—	—
Totals	2	—	5	—	6	7	5	2

A summary of the notifications received in the various districts for the period 1947-1954 is given below:—

District	1954 *Population*	*Number of Cases*									*Rate per* 100,000 *of* 1954 *Population*
		1947	1948	1949	1950	1951	1952	1953	1954	*Total*	
Blandford Borough	3,620	4	1	—	1	3	—	7	—	16	442
Bridport Borough	6,660	1	—	—	6	—	—	3	—	10	150
Dorchester Borough ..	11,750	—	1	1	3	3	—	3	8	19	162
Lyme Regis Borough ..	3,030	1	—	—	—	—	1	1	—	3	99
Poole Borough	84,540	14	3	31	13	8	6	39	2	116	137
Portland Urban	15,630	2	—	—	16	4	—	6	—	28	179
Shaftesbury Borough ..	3,470	2	—	—	4	—	1	—	—	7	202
Sherborne Urban	7,340	3	—	1	8	—	—	—	—	12	163
Swanage Urban	7,020	3	1	2	2	—	—	1	—	9	128
Wareham Borough ..	2,770	—	—	—	—	1	—	3	—	4	144
Weymouth Borough ..	37,760	6	6	5	12	4	6	*17	4	60	159
Wimborne Urban	4,480	3	1	1	—	1	—	5	—	11	245
Beaminster Rural	8,140	—	—	10	6	4	3	—	—	23	282
Blandford Rural	12,990	4	2	2	5	1	2	11	1	28	215
Bridport Rural	7,490	1	—	1	7	—	2	6	2	19	254
Dorchester Rural	17,260	—	1	2	5	1	—	5	7	21	122
Shaftesbury Rural	9,820	2	—	2	7	1	—	—	—	12	122
Sherborne Rural	5,750	—	—	—	2	—	—	1	—	3	52
Sturminster Rural	9,780	1	—	3	4	—	1	5	—	14	143
Wareham Rural	20,030	11	—	—	8	2	2	12	—	35	175
Wimborne Rural	22,170	7	3	7	2	—	—	25	3	47	212
Totals	301,500	65	19	68	111	33	24	150	27	497	

* *Including one case aboard ship.*

For comparison, the last column of the table consists of the total number of cases in local authority areas over the eight-year period, expressed as a rate per 100,000 of the 1954 population of each local authority.

Incidence in urban and rural districts

Compared with the country as a whole, the incidence of both the paralytic and non-paralytic forms of the disease was twice as high in Dorset. The ratio of the notification rates of paralytic and non-paralytic cases was the same in the whole county as it was in England and Wales, being slightly higher in the urban districts and lower in the rural districts. The actual notification rates of paralytic cases, non-paralytic cases, and all cases were, however, higher in the rural districts. Details of these rates for urban districts and rural districts in Dorset, together with the national figures for comparison, are as follows:—

Notification rate per 100,000 population in	*Paralytic Cases*	*Non-Paralytic Cases*	*All cases*
Urban Districts ..	5·3	2·1	7·4
Rural Districts ..	7·1	4·4	11·5
Whole County ..	6·0	3·0	9·0
England and Wales ..	3·0	1·4	4·4

distribution

Of the cases notified in the county the sexes were equally affected, thirteen or forty-eight per cent being males and fourteen ifty-two per cent females. The national figures were fifty-nine per cent males and forty-one per cent females.

e distribution

The 5—10 age group was most heavily affected in Dorset, with forty-eight per cent of all cases. This is more in keeping with findings in England and Wales during the past three years than in Dorset during 1953.

Details of the age distribution in Dorset and England and Wales for the year are set out in the following table:—

Age group	*Dorset*				*England and Wales*	
	Notifications		*Total*	*Percentage of total cases*	*Notifications*	*Percentage of total cases*
	Male	*Female*				
0—	—	—	—	—	58	3
1—	—	—	—	—	292	15
3—	1	—	1	4	254	13
5—	7	6	13	48	562	29
10—	2	1	3	11	210	11
15—	3	3	6	22	254	13
25—	—	4	4	15	325	16
Totals	13	14	27	100	1,955	100

ralytic and Non-Paralytic Cases

Two-thirds of the cases in the county were notified as suffering from paralysis, the sexes being equally affected with nine es each. Sixty-nine per cent of the male, and sixty-four per cent of the female cases had paralytic complications; during 1953 -half of the cases in the county showed paralysis. In England and Wales sixty-seven per cent of the cases were paralytic compared h sixty-four per cent in 1953.

The age distribution of paralytic cases in Dorset and England and Wales respectively in 1954 is compared in the table below. e paralytic cases are expressed as a percentage of the cases in each age group, and as a percentage of all cases in all age groups:—

Age group	*Number of cases*		*Number of paralytic cases*		*Percentage of paralytic cases in age group*		*Percentage of paralytic cases in all cases*	
	Dorset	*England and Wales*	*Dorset*	*England and Wales*	*Dorset*	*England and Wales*	*Dorset*	*England and Wales*
0—	—	58	—	49	—	84	—	2
1—	—	292	—	254	—	87	—	13
3—	1	254	—	182	—	72	—	9
5—	13	562	8	353	61·5	63	29·6	18
10—	3	210	3	96	100	46	11·1	5
15—	6	254	3	147	50	58	11·1	7
25—	4	325	4	233	100	72	14·8	12

llow-up of Cases

A follow-up investigation of twenty-six cases was undertaken at the end of the year. Sixteen were reported to have suffered m paralysis and ten were said to be non-paralytic. The site of paralysis has been classified in the following table:—

Site of Paralysis	*Number of Patients*
Lower limb(s)	10
Lower limb(s) and trunk	1
Upper limb(s)	1
Upper and lower limbs	3
Upper and lower limbs and trunk	1
Total	16

At the time of the survey eight cases, or fifty per cent of those originally reported as being paralysed, still had residu paralysis. All the non-paralytic cases and six with no residual paralysis had returned to work or school by the end of the year wh of the eight cases with residual paralysis, four were working or attending school, three were still in hospital and one was having hon tuition.

The time spent in hospital by the twenty-six cases followed up is tabulated herewith:—

Time in Hospital	*Number of Patients*
Under one month	16
One to two months	3
Two to three months	2
Over three months	4
Nursed at home	1
Total	26

Tuberculosis

It is satisfactory to be able to report that the number of notifications of tuberculosis was again lower than in the previo year, 175 being recorded compared with 209 in 1953. The number of deaths reported was forty-one, which also showed a decreaseon t figure of forty-five for 1953 and gave a death rate of 0·13 per 1,000 population for the year.

Pulmonary

One hundred and forty-six pulmonary cases were notified during the year, a decrease of seventeen compared with the previo year. Fifty-three per cent of the cases were males, those most heavily affected being between the ages of twenty and thirty-fou representing sixty per cent of the total.

There were thirty-seven deaths from pulmonary tuberculosis; seventy-eight per cent occurring in urban districts and fift seven per cent being males. The death rate was 0·12. During 1953 there were thirty-nine deaths, with a rate of 0·13. The numb of deaths and death rates for the past ten years are as follows:—

Year	*Number of deaths*	*Death rate per 1,000 population*
1945	91	0·37
1946	85	0·32
1947	91	0·34
1948	89	0·32
1949	65	0·24
1950	72	0·24
1951	47	0·16
1952	57	0·19
1953	39	0·13
1954	37	0·12

Non-Pulmonary

There was a considerable fall in the incidence of non-pulmonary tuberculosis during the year, twenty-nine cases being notifi compared with forty-six in 1953. There were four deaths, all females, compared with six during 1953. The number of deaths a the non-pulmonary death rate per thousand population over the past ten years given in the following table, illustrates rece mortality trends in the disease:—

Year	*Number of deaths*	*Death rate per 1,000 population*
1945	19	0·07
1946	25	0·09
1947	23	0·08
1948	14	0·05
1949	15	0·05
1950	8	0·02
1951	10	0·03
1952	5	0·01
1953	6	0·02
1954	4	0·01

Winter Vomiting

Information was received in February from the Director of the Public Health Laboratory, Dorchester, that about twen cases reported by general practitioners in the Dorchester Borough, and double this number in the Wareham Borough, appeared be winter vomiting. The patients complained of a sudden onset of vomiting, usually followed by griping abdominal pains a diarrhoea lasting for less than twenty-four hours. Some patients complained of headache, but there were no reports of meninge signs or pyrexia.

It was difficult to establish a clearly defined incubation period, and a feature of the outbreak appeared to be a family involv ment. Both adults and children were affected in the same way as is found in dysentery outbreaks, but no evidence of this disea was found on bacteriological investigation. There were no school outbreaks.

CARE OF MOTHERS AND YOUNG CHILDREN (*Section* 22)

Ante-Natal and Post-Natal Care (*Tables* 6 *and* 7)

ninistrative Arrangements

The Maternity, Child Welfare and Nursing Sub-Committee is responsible for the care of mothers and young children in the ıty area, while the day-to-day administration in the Poole and South Dorset areas is delegated to the respective area health committees.

The clinics in the county are staffed by assistant county medical officers, except in one instance where a general practitioner nds on a sessional basis. Health visitors are responsible for running the clinics in their own areas under the direction of the ical officer in charge. Midwives attend the clinics with their patients and general practitioners are welcome to visit for ultation.

No specialist ante-natal or post-natal clinics are provided by the county council. Liaison with the regional hospital board been firmly consolidated with a view to the supply of such specialist services as the county council may require, and co-operation the consultant obstetricians and gynaecologists has been well maintained during the year under review; their services have ed highly valuable to patients referred to them, in conjunction with the family doctor, from ante-natal clinics.

Few general practitioners in the county are known to hold organised ante-natal clinics, and none has sought the assistance ıe county health department for this purpose.

The county council's scheme for the care of mothers and young children has, since the introduction of the national health ice, been administered in close liaison with the Dorset County Nursing Association and the Salisbury Diocesan Association Ioral Welfare.

ical Work

This consists of routine examinations of expectant mothers at regular intervals and special examinations as the necessity s, with the object of detecting obstetric abnormalities or signs of general ill-health as early as possible and of arranging, usually eference to the family doctor, for appropriate treatment before the onset of complications.

Ante-natal supervision includes home visiting by health visitors as well as regular examinations of the patient by the ical officer in charge of the clinic. Where advisable, appointments are made for x-ray examinations at local hospitals, where a history is obtained suggestive of a tuberculous infection or of the presence of tuberculosis contacts in the household, patient is referred to the chest physician for examination, after consultation with the family doctor.

Other provisions include arrangements for admission to hospital for confinement when advisable on social grounds, and for conveyance to the clinic by the hospital car service of patients who, on medical grounds, are unable to travel by public transport; ngements are also made when necessary for home help during the confinement. The patient is encouraged to take regularly the supplements provided for expectant mothers under the Government welfare foods scheme, and every effort is made to put n touch with any other service available during the ante-natal period.

Patients developing illness or obstetric abnormality during pregnancy are referred to the family doctor for treatment or, r consultation with him, may be referred to the obstetrician in charge of a hospital maternity unit for advice or hospital care.

Specimens of blood are collected as a routine measure at local health authority clinics for the Wassermann and Kahn tests, for determining the blood group of the mother. These tests together with the examination of any pathological specimens, noglobin estimations and pregnancy tests are carried out at the laboratory. General practitioners are invited to send their ante- l patients to the clinics for collection of blood for testing at the laboratory, and many make use of this service.

Post-natal examinations are carried out at all ante-natal clinics, but the number of women who attend for this purpose inues to be low, due to the fact that those delivered in hospital and under the general practitioner-obstetrician scheme, receive -natal care under the terms of these services. No ante-natal clinic is held in the South Dorset area, but post-natal cases are seen ppointment at the health centre.

The Ministry of Health inquiry into virus infections during pregnancy, for which information has been compiled from records ıte-natal clinics covering the births in the whole country for a period of two years, terminated at the end of December, 1952. he same time a request was made that all registered cases should be followed up until after the baby's second birthday, when record card in each case will be completed and returned to the Ministry. The purpose of the inquiry is to compare the risks of enital defects occurring in children:—

(*a*) born of women who suffered from rubella, measles, mumps, chicken pox or poliomyelitis at some time during pregnancy; and

(*b*) born of other women.

This is an extension on a nation-wide scale of a pilot survey, previously carried out in selected areas in the country, on the ionship between congenital defects and infection during pregnancy.

In Dorset, arrangements were made by which collection of information and completion of record cards, required by the stry, would be carried out at local health authority ante-natal clinics, and with the co-operation of the consultant obstetricians ıarge of the clinics for which the regional hospital board is responsible.

If, as a result of the inquiry, the risk of congenital defects in children born of women who have suffered from one of the e-mentioned virus infections during pregnancy is proved to be significantly higher than in children born of other women, it will he responsibility of the health service to adopt measures for the prevention of these infections in women of child-bearing age.

istics

Inquiry into Virus Infections during Pregnancy

Cases registered in the county	26
Records completed	18
Removed from register for various reasons	1
Women who refused examination of their babies ..	2
Children who died during the period of the inquiry ..	—
Cases still on register to be completed	5

Ante-Natal and Post-Natal Care at Local Health Authority's Clinics, 1954.

Area	Combined Ante-Natal and Post-Natal Clinics	Separate Post-Natal Clinics	1st Attendances		Total Attendances	
			Ante-Natal	Post-Natal	Ante-Natal	Post-Natal
County ..	6	—	217	51	817	72
Poole	1	—	27	18	86	18
South Dorset ..	—	1	—	91*	—	91*
Totals	7	1	244	160	903	181
Grand Totals ..			404		1,084	

* *By appointment*

Summary of Ante-Natal and Post-Natal Care at Local Health Authority's Clinics, 1950-54

		1950	1951	1952	1953	1954
Combined Ante-Natal and Post-Natal Clinics ..		11	11	10	10	7
Separate Post-Natal Clinics		3	1	1	—	1
First Attendances	Ante-Natal ..	536	399	291	305	244
	Post-Natal	271	171	146	204	160
	Total	807	570	437	509	404
Total Attendances	Ante-Natal ..	1,909	1,399	1,095	1,094	903
	Post-Natal	391	260	204	250	181
	Total	2,300	1,659	1,299	1,344	1,084

Dental Care

The number of expectant and nursing mothers receiving dental treatment at county clinics remains at a fairly constant leve each year, but the numbers are expected to increase when more up-to-date clinic premises are available. Comprehensive treatmen is given, including x-ray examination and the supply of dentures when necessary. In suitable cases, when extraction of the fron teeth is involved, dentures are fitted at the same visit which is very much appreciated by many of these patients.

Expectant or nursing mothers attending the local health authority's dental clinics receive treatment free of charge.

Statistics

Dental Care of Expectant and Nursing Mothers, 1950-1954

	1950	1951	1952	1953	1954
Number examined	191	179	167	197	184
Number needing treatment ..	184	174	157	181	177
Number treated	135	150	128	150	133
Number made dentally fit	131	106	120	141	107
Particulars of Dental Treatment provided:					
Extractions	278	333	291	206	367
Anaesthetics—General	29	189	37	26	42
Fillings	312	217	254	268	243
Scalings/Gum Treatment	129	64	62	69	112
Silver Nitrate	2	4	3	5	—
Dentures provided Complete ..	24	17	20	13	15
Dentures provided Partial ..	43	30	31	35	19

Relaxation Classes

At Dorchester, Blandford and Wimborne relaxation classes are held where consultant obstetricians and general practitioner may refer expectant mothers, and also mothers requiring post-natal exercises after confinement.

During the year, the service has been extended to cover the South Dorset area, and arrangements have been made for classe to be held at Bridport, beginning in March, 1955.

At each centre the classes are held in conjunction with ante-natal sessions, and provide opportunities for those attending t obtain advice on mothercraft and kindred subjects from the health visitor in charge.

Educational Work

One of the main functions of a local health authority ante-natal clinic is the provision of a sound and progressive educationa service, in order to prepare the expectant mother adequately to deal with her individual problems in connection with her pregnancy to fit her for the care of her new-born child; and to enable her to establish good home conditions and a satisfying family life.

With this end in view, mothercraft training is carried out at all ante-natal clinics in the county by the medical officer i charge and the appropriate health visitor. At the larger clinics individual advice at all sessions is supplemented by regular talks an demonstrations by health visitors. A free discussion follows each talk, and is found to be particularly helpful in bringing to ligh the hidden fears and anxieties to which the young and inexperienced expectant mother is especially prone.

In addition health visitors attend the ante-natal clinics of the regional hospital board at Weymouth, Dorchester and Bridport. Weymouth they attend all hospital sessions, but at Dorchester and Bridport, owing to lack of suitable hospital accommodation, ice on mothercraft and general health education is given at local health authority clinics which the hospital patients attend this purpose.

For the expectant mother taking advantage of the general practitioner-obstetrician scheme no satisfactory means of securing lth education and mothercraft training has yet been evolved. At present, only those patients whom the general practitioner ts to send to an ante-natal clinic for instruction have an opportunity of making use of the facilities provided, and patients not rmed of this service are often deprived of help and advice specially designed for their needs.

During the year under review, methods in the presentation of health education and mothercraft have continued to be studied, constantly reviewed by all staff concerned. Variety of presentation and equipment appears to be the key to success in attracting attention of expectant mothers to matters concerning their health and welfare; arresting posters frequently changed, well duced leaflets and pamphlets, films, short talks and demonstrations all play their part in helping these patients to regard gnancy as a happy and useful preparation for childbirth and the upbringing of a family.

It is pleasing to note that the number of expectant mothers in the county taking advantage of mothercraft training continues ncrease year by year although, as yet, only the fringe of the subject reaches the vast number of women whose need for such ning is great, but who do not choose to avail themselves of the service.

The position reported last year with regard to accommodation at clinic premises has been eased in the Poole area, where rly erected and well equipped premises were opened at Hamworthy towards the end of the year. In other areas in the county situation remains unchanged, and the work continues to be hampered due to lack of suitable accommodation and adequate ipment at all but two of the centres.

e-Natal and Post-Natal Care by General Practitioners

The county scheme for ante-natal and post-natal care of all domiciliary midwifery cases by general practitioners in districts conveniently served by an ante-natal clinic is still in operation, but due to changes brought about by the National Health Service , the facilities are now mainly used in those instances where a woman who elects to book a midwife to take charge of her finement is unable to attend a clinic for examination.

tistics

Ante-Natal and Post-Natal Examinations by General Practitioners of Patients who have booked a Midwife but are unable to attend County Council Clinics

	1950	1951	1952	1953	1954
Ante-Natal Examinations:					
Number of women examined ..	36	42	25	23	31
Number of examinations made ..	44	51	32	29	37
Post-Natal Examinations:					
Mumber of women examined ..	1	5	—	—	1
Number of examinations made ..	1	5	—	—	1

e of Unmarried Mothers

Facilities provided for unmarried mothers include care at ante-natal clinics, arrangements for maternity beds at hospital maternity home, visiting by health visitors and co-operation with moral welfare workers.

The county council is not directly responsible for any mother and baby homes in the county, but financial responsibility is epted for the maintenance of cases admitted to St. Monica's Home, Parkstone, which is run under the auspices of the Salisbury ocesan Association for Moral Welfare and provides maternity accommodation for unmarried mothers. Arrangements have also n made for admission to other approved homes, including St. Gabriel's Home, Weymouth; Hope House, Salisbury; and the e Church Home, Bournemouth.

No staff is employed by the county council to deal with the problem of the unmarried mother and her children, but welfare rkers, employed by the Salisbury Diocesan Association for Moral Welfare, carry out their duties in close co-operation with the nty health department. For these services an annual grant is made to the association, who provide a valuable and efficient service.

tistics

Particulars of Admissions to Mother and Baby Homes

Name of Home	*Number of Cases Admitted*				
	1950	1951	1952	1953	1954
St. Monica's Home, Parkstone	19	24	24	19	16
St. Gabriel's Home, Weymouth	32	31	40	27	23
Hope House, Salisbury (now Beckingsale House) ..	2	2	4	8	6
Free Church Council Maternity Home, Bournemouth	1	—	2	—	—
St. Thomas Lodge, Bournemouth	1	3	1	1	—
St. Joseph's, Grayshot, Surrey	1	—	—	—	—
The Fellowship of St. Michael and All Angels, London, S.W.1	1	—	—	1	—
The Girls' Hostel, Devizes	—	2	—	1	3
St. Bartholomew's Home, Winchester	—	1	1	—	—
Mount Hope, Bristol	—	1	—	—	—
St. Raphael's Home, Bristol	—	1	1	1	1
Hillview Hostel, Bath	—	—	1	1	1
St. John's Home, Bristol	—	—	—	—	1
Totals	57	65	74	59	51

Maternity Outfits

The contents of the maternity outfits issued by the county council conform to the minimum requirements laid down by the Ministry of Health. The outfits are available free of charge for all domiciliary confinements, being supplied to midwives in bulk instead of as formerly on application for each booked case. This method of distribution reduces the cost of postage and packing and has the added advantage that outfits are available to the midwife for use in emergency cases.

In 1949, the first full year of the national health service, the number of outfits issued was 874; during 1954 the number of outfits supplied was 1,720, compared with 1,716 in 1953.

Welfare Centres (*Tables* 8 *and* 9)

Administrative Arrangements

In general the administrative arrangements are similar to those for ante-natal and post-natal care, and the service is administered with the assistance of voluntary committees and in close liaison with the same voluntary bodies. Co-operation has also been established with the regional hospital board with a view to the supply of such specialist services as the county council may require, and the remarks under the section dealing with ante-natal and post-natal care apply equally to the welfare service, where the help of all specialists consulted has been of considerable value.

The services of a consultant child psychiatrist, employed part-time by the county council, are available for children attending child welfare centres who are considered to be in need of child guidance. Child guidance clinics are held regularly at convenient centres in the county, and close co-operation has been established between the consultant psychiatrist and his team on the one hand, and the medical officers and health visitors responsible for child welfare on the other.

No arrangements have, as yet, been made by the county council for the provision of consultant paediatric clinics in connection with child welfare centres, but children considered to require specialist advice are referred to the family doctor, who in turn refers them to a consultant paediatrician employed by the regional hospital board. Orthopaedic and other cases requiring consultant advice are also referred to the family doctor.

In the Poole area special sessions held during the past five years at welfare centres in connection with research undertaken by the Medical Research Council into whooping cough immunisation have now been completed, but the council's report on the results of the various surveys undertaken in Poole and elsewhere is not yet published.

Dried milks and nutrients, other than welfare foods, are available for sale at welfare centres at special prices, plus ten per cent for handling expenses. Medicaments, of which the issue is very small, are supplied free of cost when ordered by the medical officer in charge of a welfare centre.

At Dorchester, owing to increased attendances at the special monthly session provided for toddlers, a second monthly session became necessary and was commenecd on the 9th of July, 1954. The toddlers' clinic affords opportunity for the early detection and specialist treatment of speech defects, partial deafness and squint, as well as other deviations from normal which may occur in the growing child. It also gives mothers the opportunity fully to discuss with the medical officer many of their problems connected with the mental and physical development of the pre-school child. Such discussions are particularly valuable in the field of mental health, as they frequently bring to light difficulties often potentially destructive to the whole fabric of family life. Many of these problems can be overcome with the help of the available social services alone, others by reference to the family doctor or, after consultation with him, by reference to the consultant child psychiatrist.

As noted in my annual report for 1953, the national health service has had little effect on the work of the centres, which remain a popular feature of the facilities provided by the county council. It is apparent that mothers appreciate the unhurried and detailed advice given at the centres in connection with the health and wellbeing of young children, as well as the opportunity for meeting other mothers with whom they can discuss subjects of mutual interest. Forty-one centres were available during 1954, compared with thirty-seven in 1948, which include ten controlled by voluntary committees and one supervised by a general practitioner on his own premises.

Attendances continue to be satisfactory, being higher than in the previous year, and the service is used by mothers from all sections of the community. In practice, it is found that mothers attend a centre to seek advice on general management and feeding, weighing being considered incidental to the consultation; this outlook is encouraged, as no weighing centres are provided in the county.

It is disappointing to report that little progress has been made during the year regarding improved accommodation for welfare centres. Apart from the new health clinic opened at Hamworthy in November, 1954, no new premises have been erected under the county council development plan. It was anticipated that new premises at Swanage would have been in course of erection during 1954 as plans were well advanced, but owing to unforeseen delays building has not yet been commenced. The present centre at Swanage is conducted in a church hall which, like the great majority of centres in the county, is unsuitable for the purpose and prevents full use being made of the services provided under the county council's schemes.

Clinical Work

The clinical work of the centres is purely preventive in character and aims at the early detection of congenital and acquired defects and diseases, with the object of referring such cases to the family doctor before complications arise. Each welfare centre is attended regularly by a medical officer, and every infant is medically examined at his first attendance and thereafter at periodic intervals. Infants and young children are closely observed for signs of nutritional deficiencies or other deviations from normal health, and laboratory investigations are carried out when considered advisable. Within the scope of the service nutritional requirements, including food supplements, are adjusted according to the needs of the individual child.

Diphtheria immunisation is carried out regularly at the welfare centres and, since September, 1954, vaccination is performed as a routine at larger centres where the organisation enables the medical officer and nursing staff to give adequate follow-up supervision. The demand of the public for combined prophylactic treatment against diphtheria and pertussis continues to gain ground, but as facilities are not yet available under the county scheme, mothers are referred to the family doctor when they desire this protection for their children. It is hoped that a suitable combined agent will, on the advice of the Ministry of Health, be available following the investigations carried out by the Medical Research Council as to the most suitable material.

Children born of parents known to be suffering from pulmonary tuberculosis or coming from tuberculous households are, with the approval of the family doctor, referred to the chest physician for investigation and B.C.G. vaccination where necessary.

Analysis of Attendances at Welfare Centres

Analysis	1954
Infants under 1 year of age attending first time	2,691
Children 1—5 years of age attending	4,236
Total attendances of infants under 1 year of age	29,274
Total attendances of children 1—5 years of age	18,008
Number of live births notified	3,991
Percentage that attended while under 1 year of age	67·4

al Care

There continues to be an increase in the demand for treatment of children under five years of age. A very encouraging is that parents prefer their children to have regular treatment at an early age, instead of waiting until more extensive ment may be required later. On the other hand, the incidence of dental decay has increased since sugar and sweets were de- ned, and this is undoubtedly partly the reason for the extra demand for the treatment of these children. Treatment is carried y the dental officers at the clinics and schools during their routine visits.

tics

Dental Care of Children under Five Years of Age, 1950-1954

	1950	1951	1952	1953	1954
Numbers provided with dental care:					
Number examined	242	383	388	451	601
Number needing treatment	196	321	314	381	538
Number treated	194	319	281	365	489
Number made dentally fit	188	262	287	358	464
Particulars of dental treatment provided:					
Extractions	216	494	363	443	562
Anaesthetics—General	128	249	187	246	334
Fillings	174	125	334	358	274
Scalings/Gum treatment	2	2	8	5	8
Silver Nitrate	11	11	20	72	35

ational Work

Educational work as a statutory obligation of the local health authority, is carried out by medical officers and health rs at all sessions. This includes detailed instruction on infant feeding and management, with special emphasis on the importance east feeding and general hygiene. Posters, frequently changed to provide subjects of topical interest, suitable literature, practical nstrations and films are used to stimulate the interest of the mothers. In this connection a series of short talks illustrated by trips, on the subject of prevention of accidents in the home was given at suitable centres during 1954. Mothers attending were impressed by the ease with which serious accidents may occur in the home due to thoughtlessness and lack of care and many es of accidents in the average home were afterwards discussed, with the result that the mothers unanimously expressed their tion of taking the necessary precautions in their own homes without delay. During the course of the talks, special attention was n to the danger of accidental poisoning in young children due to ferrous sulphate and similar attractively presented medicinal ts.

Other aspects of health education undertaken at welfare centres and by health visitors visiting the homes include household gement, family diets, wise spending of family earnings, measures to be adopted to prevent spread of infectious disease including ures against animal vectors, and also the need for the clean handling and suitable storage of food.

As noted in previous reports, set talks and demonstrations do not appeal to the majority of mothers attending welfare centres; ad, they show a strong preference for individual teaching bearing on their own particular problems. Even very short topical have proved unpopular, and it has been found that the best method of sustaining their interest is for a health visitor to focus tion on a problem raised by a mother in a small group, and to discuss and advise on other points which may arise in the course e discussion. By this means sound educational principles can be introduced, and each mother in the group has the opportunity rning something to her advantage.

th of the Child

The excellent general condition of young children under regular medical supervision at welfare centres has been well main- d during 1954. With few exceptions children attending are well cared for, well nourished and well developed for their age. Chronic itions formerly prevalent, such as blepharitis, otorrhoea and cervical adenitis, are now rarely encountered; early conservative ment for slight dental caries is now the rule and mothers readily make use of the facilities provided, either under the county ne or under the national health service.

Other Provision

Control

Advice on contraception is given at the Dorchester, Poole, Bridport and Beaminster ante-natal clinics. Medical rs in charge of clinics at Poole, Dorchester and Wareham hold separate sessions for this service, and only patients specifically nmended by medical practitioners are given advice and instruction.

Statistics

Attendances at Contraception Clinics, 1954

Clinic	*Number of Sessions*	*First Attendances*	*Total Attendances*
Dorchester	25	62	299
Bridport	21	32	97
Beaminster	8	7	23
Wareham	4	5	11
Burlea Towers, Poole ..	69	141	785
Totals	127	247	1,215

Summary of Attendances at Contraception Clinics, 1950-1954

Particulars	1950	1951	1952	1953	1954
Number of Sessions ..	62	72	81	92	127
First Attendances ..	164	179	185	217	247
Total Attendances ..	461	648	800	1,038	1,215

Care of Premature Infants

Domiciliary provision includes special nursing care by the midwife and, where necessary, the issue of equipment such as hot water bottles, suitable covering and clothing, feeding vessels and special dried milk. Where a premature birth can be anticipated, encouragement is given for institutional confinement, and in practice it is found tha a high proportion of infants in need of specialised care are either born in hospital or are admitted to hospital within an hour or so of delivery. Arrangements have been made to equip all full-time ambulance depots with a special cot for transferring these cases to hospital.

A good liaison has been established with hospital paediatric units and no difficulty is encountered in obtaining institutional care for premature infants when needed. In doubtful cases a paediatrician on the hospital staff visits the home at the request of the family doctor, and if he considers admission to hospital unnecessary, advises on the domiciliary care of the infant.

Statistics

Of the number of premature infants notified in 1954, thirty-nine were born at home and 151 in hospitals and nursing homes.

Weight at Birth	*Premature Live Births.*															*Premature Stillbirth*	
	Born in hospital.			*Born at home and nursed entirely at home.*			*Born at home and transferred to hospital on or before 28th day.*			*Born in nursing home and nursed entirely there*			*Born in nursing home and transferred to hospital on or before 28th day*			*Born in hospital*	*Born at home*
	Total	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*		
. 4 oz. or less	20	7	3	2	—	—	2	1	—	—	—	—	—	—	—	12	4
r 3 lb. 4 oz. p to and in-uding 4 lb. oz.	41	—	34	1	—	1	4	—	1	—	—	—	—	—	—	10	7
r 4 lb. 6 oz. p to and in-uding 4 lb. 5 oz. ..	16	—	15	6	2	4	—	—	—	1	1	—	—	—	—	1	2
r 4 lb. 15 oz. p to and in-uding 5 lb. oz. ..	71	1	60	23	—	23	1	—	—	2	—	1	—	—	—	3	2
Totals ..	148	8	112	32	2	28	7	1	1	3	1	1	—	—	—	26	15

Premature Infants Notified, 1950-1954

Premature Live Births	1950	1951	1952	1953	1954
Number of premature infants notified	278	278	223	255	190
Number of premature infants who were:					
Born at home	80	72	56	62	39
Born in hospital or nursing home	198	206	167	193	151
Number of those born at home and nursed entirely at home who:					
(1) died during first 24 hours	5	5	2	5	2
(2) survived at end of one month	58	58	36	39	28
Number of those born at home who were transferred to hospital	14	5	17	16	7
Number of those born in nursing homes who:					
(1) died during first 24 hours	—	—	—	—	1
(2) survived at end of one month	10	1	—	3	1

ldren Neglected or Ill-treated in their own Homes

Arising out of a joint circular issued in 1950 by the Home Office, Ministry of Health and the Ministry of Education with rd to children neglected or ill-treated in their own homes, the county council appointed the clerk of the county council tempor- as the designated officer for this purpose. It was decided that regular meetings of officers as suggested in the circular be not held arrangements were made for significant cases of child neglect and all cases of ill-treatment to be reported to the designated er so that appropriate joint action could be taken. Only one case has, since 1950, been dealt with under this arrangement.

In practice, cases reported to the health department by health visitors, or through other channels, are referred where necessary ct to the local inspector of the National Society for the Prevention of Cruelty to Children for investigation and appropriate on.

ection of Children from Tuberculosis

In accordance with a recommendation by the Ministry of Health, applicants for employment in residential nurseries and lren's homes provided by the county council undergo a routine medical examination, including an x-ray examination of the t, before engagement. During the year under review nine initial and thirteen annual examinations were completed, none of the s showing signs of tuberculous infection.

Applicants for employment at the two residential establishments for handicapped pupils maintained by the Dorset Local cation Authority are dealt with in the same way and ten x-ray examinations of the chest were completed in 1954, none of the s showing signs of tuberculous infection.

Nurseries

The provision of day nurseries in the county is limited to one at Poole, which is maintained by the county council and is idered adequate to meet the demands for this service. No day nurseries are maintained by voluntary organisations.

Admissions are confined to children between the ages of two and five years, whose mothers find it necessary by reason of al circumstances to obtain work in order to support the family and who are single, separated, widowed or have disabled or invalid ands. A charge is made in respect of each child admitted, and the chairman of the appropriate sub-committee in consultation the area medical officer is empowered to reduce the amount in case of hardship. The following order of priority was adopted he county council when applications for admission of children to the day nursery were being considered:—

(*a*) Children living with only one parent or guardian in poor circumstances upon whose earnings their maintenance depends;

(*b*) Children for whose daily care arrangements are desirable by reason of the necessity for the person who would normally have care of them in the home to be gainfully occupied in order to maintain a reasonable minimum standard of subsistence;

(*c*) Children whose admission to a day nursery is rendered desirable for reasons of financial hardship or difficult domestic circumstances not amounting to a qualification under (*a*) or (*b*) above, or by reason of a need for disciplinary training.

The new premises specially built for the purpose in the grounds of Belmont Court, Parkstone, to which the nursery was sferred from Sharrow House, Poole, in 1952, are well situated in pleasant surroundings with ample space for indoor and outdoor vities. The nursery provides all the amenities conducive to the mental and physical well-being of the growing child, and serves valuable centre for imparting health education to the mothers making use of the service.

istics

Day Nursery	1950	1951	1952	1953	1954
Number of approved places	50	50	50	50	50
Number of children on register at end of year	55	49	34	54	49
Average daily attendance during year	48	46	24	23	30·9

DOMICILIARY MIDWIFERY (Section 23) (*Tables* 10—12)

ninistrative Arrangements

The service is delegated to the Dorset County Nursing Association except in areas coinciding with the boroughs of Poole and rmouth, where full-time midwives are employed to the extent of ten and three respectively. The Dorset County Nursing ociation have in their employ fifty-four midwives, two of whom are employed in part-time duties only. All the midwives undertake bined duties, that is, midwifery and home nursing.

There is no difficulty in replacing staff when required, the main difficulty being the provision of relief staff during sickness or holiday periods. The housing problem, with the exception of Swanage, is less acute in Dorset.

Owing to the large area covered by each midwife, all are travelling officers; thirty-nine provide their own cars and fifteen use a car allocated to the district.

Supervision of Midwives

Medical supervision is carried out by the county medical officer, assisted by the area medical officers in Poole and South Dorset. The county nursing superintendent, who is an officer both of the Dorset County Nursing Association and of the county council, is responsible for the non-medical supervision of midwives. She has a deputy and two assistants, one of whom is the non-medical supervisor of midwives in Poole.

Administration of Analgesics by Midwives

All sixty-six midwives employed in the service are qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board, and sixty-one sets of apparatus are in use. The machines are serviced quarterly to ensure reliability. All midwives are also qualified to administer pethidine in order to provide their patients with the benefit of this form of analgesia.

Statistics

Midwives qualified to administer Gas and Air Analgesia.

	1950	1951	1952	1953	1954
(1) Institutional Midwives:					
(a) Employed in homes and hospitals in the National Health Service	44	54	45	53	47
(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	4	1	1	4	2
Totals ..	48	55	46	57	49
(2) Domiciliary Midwives:					
(a) Employed directly by the Local Health Authority	14	13	13	13	13
(b) Employed by the Dorset County Nursing Association as agents of the Local Health Authority (Part-time)	57	51	54	52	53
Totals ..	71	64	67	65	66

Sets of Apparatus for the administration of Gas and Air in use by Domiciliary Midwives at the end of each year

	1950	1951	1952	1953	1954
Used by midwives in direct employment of the Local Health Authority	8	10	10	12	13
Used by midwives in the employment of the Dorset County Nursing Association as agents of the Local Health Authority	51	51	51	49	48

Number of Cases in which Gas and Air was administered by Midwives in Domiciliary Practice during the years 1950-1954

	1950	1951	1952	1953	1954
By midwives employed directly by the County Council:					
(1) when acting as a midwife	228	376	452	548	496
(2) when acting as a maternity nurse	290	223	131	183	165
Totals ..	518	599	583	731	661
By midwives employed by the Dorset County Nursing Association as agents of the County Council:					
(1) when acting as a midwife	383	440	437	358	468
(2) when acting as a maternity nurse	180	218	176	173	206
Totals ..	563	658	613	531	674

Number of Cases in which Pethidine was administered by Midwives in Domiciliary Practice during the years 1952-1954. *(Previous years not recorded)*

	1952	1953	1954
By midwives employed directly by the County Council:			
(1) when acting as a midwife	286	348	377
(2) when acting as a maternity nurse	46	124	175
Totals ..	332	472	552
By midwives employed by the Dorset County Nursing Association as agents of the County Council:			
(1) when acting as a midwife	119	181	233
(2) when acting as a maternity nurse	142	99	149
Totals ..	261	280	382

ngements for Ante-Natal Supervision by Midwives

Where a midwife books a case routine domiciliary visits are paid monthly during the first six months; fortnightly during the nth and eighth months; weekly during the ninth month, and additional visits made as may be found necessary. The patient is seen during her pregnancy by a doctor, either at a local health authority clinic or at home under the county council general titioner scheme.

In the event of a doctor booking a case, ante-natal supervision is given by the midwife by arrangement with him.

peration with General Practitioners

With very few exceptions co-operation between midwives and general practitioners is satisfactory. Doctors are asked to cate to the midwife the degree of supervision they intend to exercise, and whether they wish to be present at the confinement nly to be summoned by the midwife in an emergency. In maintaining statistical records, endeavour has been made to differentiate veen these two types of cases, giving credit to the midwife for extra responsibility.

ical Aid

The number of claims made by general practitioners on the local health authority in respect of medical aid provided at the lest of domiciliary midwives is considerably lower than in 1953. It is evident that general practitioners are prepared to provide ernity medical services under Part IV of the National Health Act, but in the majority of cases only attend confinements when abnormality is present, or at the request of the midwife.

istics

Medical Aid under Section 14 (1) *of Midwives Acts,* 1918-1951

Cases in which medical aid was summoned during the year by a Midwife	1950	1951	1952	1953	1954
(a) Domiciliary Cases:					
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service ..	46	68	58	101	81
(ii) Others	113	70	50	64	31
(b) For cases in Institutions	4	6	1	1	—
Totals ..	163	144	109	166	112

Midwifery Cases Attended, 1954

Cases attended by	*Domiciliary*		*Hospitals and Nursing Homes*	
	Midwifery	*Maternity*	*Midwifery*	*Maternity*
Midwives employed by the County Council ..	569	194	—	—
Midwives employed by the County Nursing Association	556	239	—	—
Midwives employed in Hospitals	—	—	1,802	664
Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	7	19	36	21
Totals	1,132	452	1,838	685

ction of Hospital Confinements on Social Grounds

In accordance with the suggestions of the Ministry of Health, assistance is given to the hospital by the local health authority recommending whether or not cases booked for confinement in a maternity unit should be admitted on social grounds, after estigation by a health visitor on the home circumstances. If the provision of a domestic help will facilitate home confinement, necessary arrangements are made.

As noted in my annual report for 1953, the number of maternity beds available in the West Dorset Group Hospital Management Committee area is adequate to meet the applications for accommodation, with the result that the question of admission on social grounds has not arisen during 1954. In East Dorset, however, where the demand continues to exceed the number of beds available, 92 cases of 162 referred were recommended for hospital confinement on social grounds, compared with 81 cases out of 183 referred in 1953.

Statistics

Selection of Hospital Confinements on Social Grounds

Group Hospital Management Committee	1953			1954		
	Requests for investigation of home conditions	*Recommended for hospital confinement*	*Not recommended for hospital confinement*	*Requests for investigation of home conditions*	*Recommended for hospital confinement*	*Not recommended for hospital confinement*
Bournemouth and East Dorset	183	81	102	148	88	60
Salisbury	5	5	—	—	—	—
West Dorset	1	1	—	—	—	—
South Somerset	6	4	2	—	—	—

Refresher Courses

All midwives employed by or on behalf of the county council attend a post-graduate course once in five years in accordance with the recommendations of the Rushcliffe Committee.

Training

Part II district midwifery training is arranged in conjunction with the West Dorset Group Hospital Management Committee. District midwives, approved by the Central Midwives Board, accept pupils in rotation as bookings permit. A pupil spends one-half of her six months' training on the district and about twenty pupils are trained yearly. In 1954, twenty-two pupils were trained compared with fourteen during the previous year.

Maternal and Neonatal deaths, and conditions associated with childbirth

During the seven years the national health service has been in operation the number of notifications of puerperal pyrexia received were 41, 21, 25, 45, 76, 77 and 58 respectively. The relatively high figures recorded from 1952 onwards are due to the alteration in the definition of the condition made in the Puerperal Pyrexia Regulations which came into effect on 1st August, 1951. During this period only six cases of puerperal fever were reported, all in hospital practice; five in 1952 and one in 1954. The incidence of ophthalmia neonatorum has remained low, one case occurring during 1954. No case of pemphigus neonatorum was notified during the year.

Three maternal deaths were recorded in the county, two in hospital and one in domiciliary practice.

An analysis of the neonatal deaths during the year reveals the following causes:—

Cause of Death	*Percentage of Total*
Prematurity	37·18
Congenital deformities	16·66
Birth injuries	15·38
Atelectasis	10·26
Respiratory infections	10·26
Asphyxia	5·13
Others	5·13
Total	100·00

Statistics

Infectious Diseases associated with Childbirth, Maternal and Neonatal Deaths, 1950-1954

Cases Notified		1950	1951	1952	1953	1954
Puerperal Pyrexia:	Domiciliary Confinements	5	18	15	10	10
	Institutional Confinements	20	27	61	67	48
Puerperal Fever:	Domiciliary Confinements	—	—	—	—	—
	Institutional Confinements	—	—	5	—	1
Ophthalmia Neonatorum:	Domiciliary Confinements	3	1	—	—	—
	Institutional Confinements	7	3	1	1	—
	(*a*) Vision unimpaired	9	4	—	1	—
	(*b*) Vision impaired	—	—	—	—	—
	(*c*) Vision lost	—	—	—	—	—
	(*d*) Patient died	—	—	—	—	—
	(*e*) Patient still under treatment at end of year	—	—	—	—	—
	(*f*) Patient removed from district	1	—	—	—	—
	(*g*) Other classification	—	—	—	—	—
Pemphigus Neonatorum:	Domiciliary Confinements	—	—	2	—	—
	Institutional Confinements	—	—	—	1	—
Maternal Deaths		3	3	4	5	3
Neonatal Deaths		60	80	73	75	78

Comparison between Hospital and Domiciliary Confinements, 1951-1954

	Poole Area				South Dorset Area				Remainder of County				Whole County			
	1951	1952	1953	1954	1951	1952	1953	1954	1951	1952	1953	1954	1951	1952	1953	1954
1. The total number of births notified during the year ..	1,118	1,175	1,074	1,187	829	861	903	906	2,126	2,108	2,103	2,014	4,073	4,144	4,080	4,107
2. The percentage of notified births which took place in hospitals and nursing homes ..	43	51	56	50	78	82	82	77	58	61	59	61	57	62	63	61
3. The percentage of domiciliary confinements	57	49	44	50	22	18	18	23	42	39	41	39	43	38	37	39

Distribution of Welfare Foods

Following the decision of the Ministry of Food to close all food offices, the responsibility for the administration of the Government welfare foods scheme was transferred to local health authorities on 26th June, 1954. The general framework of the service as run by the Ministry was retained and foods continued to be distributed from village halls, post office stores, private houses, etc., and stocks are now held at most of the clinics in the county. Practically all the distributors are voluntary workers, many of whom are members of the Women's Voluntary Services who operate most of the main distribution centres.

Deliveries of the foods are made chiefly by a transport firm operating on behalf of the Ministry of Agriculture, Fisheries and Food and other deliveries are undertaken by local carriers, W.V.S. members and members of the county staff. Some supplies are collected by the distributors themselves from their nearest main centres.

No great problems have arisen and the service appears to be giving general satisfaction to the beneficiaries under the scheme. The number of subsidiary centres has increased slightly since June, 1954, and it is anticipated that other village centres will commence to operate during the coming year, thus extending the service to the more remote villages.

The Poole and Weymouth area centres operate under the supervision of the area medical officers.

Statistics

Details of quarterly receipts and issues

Quarters	Receipts				Issues			
	N.D.M. tins	*C.L.O. bottles*	*A and D Tablets pkts.*	*O.J. bottles*	*N.D.M. tins*	*C.L.O. bottles*	*A and D Tablets pkts.*	*O.J. bottles*
*September and December, 1954	83,983	27,000	7,967	110,810	69,951	17,713	5,317	91,637

** Owing to amendments of official forms, the Ministry instructed that a return for six months should be submitted at the end of December, 1954.*

Distribution Centres

Main Centre	No. of Subsidiary centres in area	Centres added since June, 1954
Beaminster	8	1
Blandford	16	2
Bridport	4	1
Dorchester	17	7
Gillingham	11	2
Lyme Regis	—	—
Shaftesbury	3	—
Sherborne	3	—
Sturminster	16	—
Swanage	1	—
Wareham	18	3
Wimborne	17	2
Poole	13	—
Weymouth	8	—
Totals—14 ..	135	18 (included in total)

HEALTH VISITING (Section 24) (*Table* 13)

Administrative Arrangements

The establishment of health visitors for the whole county is thirty-three employed on a whole-time basis, who undertake a wide range of duties including those defined under section 24 of the National Health Service Act. For this purpose the combined areas of the district medical officers of health have been subdivided and each health visitor allocated an area in which she is responsible for all health visiting duties including attendance at clinics, welfare centres and school medical inspections.

The health visitors work closely with the superintendent health visitor, who co-ordinates their duties, and the district medical officers of health who are also assistant county medical officers.

The fourth Saturday in every month has been set aside for health visitors' conferences, when meetings can be arranged as found necessary. During the year details of the work carried out by the county solicitor, the county children's officer, the area inspector from the National Society for the Prevention of Cruelty to Children, the psychiatric social worker and the speech therapist were discussed with the health visitors. Talks have also been given by medical officers on various topics, which have led to useful discussions bearing on the duties of the health visitor.

Routine Visiting

A special record card is forwarded to the appropriate health visitor following the notification of each birth so that she may commence visiting, give advice and submit periodically statistical and other information connected with the state of the health and environment of the child. The present establishment provides for one health visitor to approximately 9,355 of the population which, with the increasing duties falling to these officers, indicates that some addition to the establishment may be necessary in the future.

Special Visiting

Schools Follow-up and Cleanliness

Each health visitor in her capacity of school nurse carries out follow-up visits in connection with defects detected at school medical inspections, and also visits the homes of school children for the purpose of making special reports when required by the school medical officer. She also visits the schools regularly to assist the medical officer at medical examinations and on her own account for hygiene inspections and weighing.

Tuberculosis

A special health visiting record card giving such details as home address and type of the disease, is sent to the appropriate health visitor for each new case added to the tuberculosis register. The home is visited and a report on environment and contacts, together with recommendations concerning any service the patient requires that can be provided under the care and after-care scheme, is made to central office within ten days. In all cases a copy of this report is sent to the chest physician so that he can arrange for the examination of contacts, and B.C.G. vaccination in suitable cases. The chest physician in turn notifies discharges from sanatoria, and arrangements are made for the health visitor to commence visiting as soon as possible. This she continues to do at least once in every three months when the disease is active, and six-monthly in quiescent cases.

In order further to assist in co-ordinating tuberculosis care and after-care, arrangements were made to second to the South-West Metropolitan Regional Hospital Board, as from 1st January, 1953, two health visitors for half their time, one to attend the chest clinic at Dorchester and the other at the Poole clinic.

Old People

With the special knowledge that a health visitor gains of the families in her area, she is familiar with the circumstances relating to old people. In Dorset arrangements have been made for the health visitors to advise and help where necessary and arrange for whatever specialised services elderly persons may require.

The value of this service has become increasingly apparent during the year under review, and its expansion in the near future is a matter of urgency if old people are to be encouraged and assisted to stay as long as possible within the familiar surroundings of their own homes.

Surveys

In addition to their routine duties, health visitors play a valuable part in various national and local surveys that are undertaken from time to time on problems of socio-medical importance. These surveys, as well as contributing to medical knowledge give an added interest to their work.

No new surveys were commenced during the year, but assistance was continued in a survey requested by the Ministry of Health on virus diseases during pregnancy, and a national survey of the health and development of children sponsored by the Institute of Child Health, University of London.

Attendance at Clinics

The health visitor is responsible for the infant welfare centres in her area and attends all sessions as part of her duties. Advice is given on the various problems raised by mothers and consultations with the clinic medical officer are arranged.

The health visitor plays a major role in health education which is an important function of the centre. She also attends the ante-natal clinics in her area to give talks to expectant mothers on mothercraft and to advise on the preparations required for confinement.

Co-operation with General Practitioners

As noted in my annual report for 1953, the health visitor endeavours to keep in constant touch with the family doctor on matters connected with his patients, either by personal visits or communication by telephone. Good co-operation exists in many areas and is improving in others, but might be strengthened by a more direct approach by the general practitioner to the health visitor when he requires her services in connection with the care and after-care of his patients.

Co-operation with Hospitals

In cases of early discharge from hospital where care is needed for mothers, children and old people, the hospital almoners notify either the health department or the health visitor direct. Health visitors also visit the home when information is required regarding environmental conditions before patients are discharged.

In the South Dorset area health visitors attend on rota at the hospital paediatric clinic, where they are able to advise the paediatrician regarding the home conditions of the children and in their follow-up visits to the home ensure that advice given to the parents is being reasonably interpreted. They also attend the special ear, nose and throat clinics for children.

Where space and facilities are available the health visitor attends the hospital and ante-natal clinics to give talks and practical demonstrations on mothercraft. In addition to the obvious benefits to the mother, this arrangement enables the health visitor to be fully informed on all circumstances concerning the confinement so that subsequent visiting is made easier.

Facilities for Refresher Courses

All health visitors in the employment of the county council attend a post-graduate course of study once in five years.

Training

No arrangements are made to assist suitable officers to obtain the health visitor's certificate and no facilities are offered by the council for student health visitors.

Statistics

Summary of Visits paid by Health Visitors during years 1950-1954

Visits to	1950		1951		1952		1953		1954	
	First Visits	*Total Visits*	*First Visits*	*Total Visits*	*First Visits*	*Total Visits*	*First Visits*	*Total Visits*	*First Visits*	*Total Visits*
Children under 1 year of age ..	4,208	26,914	4,211	27,284	4,057	28,113	4,137	27,447	4,035	26,811
Children between ages of 1 and 5	212	41,017	149	38,052	77	36,583	253	43,315	209	42,973
Expectant mothers ..	558	907	728	1,160	584	898	513	882	647	995
Other Cases ..	1,934	5,051	1,127	5,033	583	4,154	1,834	6,015	713	5,390
Home visits to school children	Not recorded	3,397	Not recorded	3,260	Not recorded	2,661	Not recorded	2,995	Not recorded	1,954

HOME NURSING (Section 25)

Administrative Arrangements

This service was delegated to the Dorset County Nursing Association as from July, 1948, acting as agents of the county council, and the arrangement covers the whole of the county. The experience of this association since 1914 ensures that the present service runs smoothly and efficiently. The county nursing officer, assisted by her deputy and an assistant, supervises the work of the nurses as part of her duties.

In 1954, the establishment of home nurses in rural areas, who also act in the capacity of midwives, has been fifty-four, two of whom undertake part-time duties only. Those employed solely on home nursing number sixteen in Poole, four in Weymouth and one each in Dorchester and Bridport respectively. As Dorset is a rural county with a scattered population, it has been found necessary and economical in staff for the nurses to use car transport, with the exception of one in Poole. The majority of car users provide their own cars and receive a travelling allowance.

Co-operation with General Practitioners

General practitioners make application for the services of a nurse either directly or through the patient or relatives. The nurse frequently meets the doctor in the home of the patient or in his surgery by mutual arrangement, in order to discuss health matters. This mutually helpful co-operation works smoothly and very satisfactorily. In Poole there is a central office to deal with incoming telephone calls and the allocation of cases. This arrangement has been found necessary for a populous area, but it would be uneconomical for small districts where the nurses can easily deal with their own calls.

Liaison with Hospitals

Discharge notices of patients requiring treatment are sent by almoners in Poole to the central office, and elsewhere direct to the nurse concerned. This ensures continuity of treatment and the arrangement has worked well.

Refresher Courses

Full-time home nurses attend such courses as are available from time to time.

Training

Arrangements are made by the Dorset County Nursing Association, through the Queen's Institute of District Nursing, for selected candidates to be given Queen's training. The candidate on completion of training returns to take up duty in the county.

Home Nursing Staff, 1950-1954

Staff	1950		1951		1952		1953		1954	
	Full-time	*Part-time*	*Full-time*	*Part-time*	*Full-time*	*Part-time*	*Full-time*	*Part-time*	*Full-time*	*Part-time*
Administrative	—	3	—	3	—	3	—	3	—	3
Senior Nurse	1	—	1	—	1	—	1	—	1	—
Queen's Nurse (Male) ..	1	—	1	—	1	—	1	—	1	—
Queen's Nurse (Female) ..	14	36	14	37	14	40	13	39	13	40
State Registered Nurse ..	5	8	7	4	6	5	7	4	6	4
State Enrolled Assistant Nurse	1	12	1	10	1	9	1	9	1	10
Equivalent Whole-time Home Nursing Staff (omitting Administrative Staff)	50		49·5		50		49		48·5	
Queen's district training through Dorset County Nursing Association ..	1		2		2		2		2	

Summary of Types of Cases and Visits paid by Home Nurses in 1954

	Medical	*Surgical*	*Infectious Diseases*	*Tuber-culosis*	*Maternal Compli-cations*	*Others*	*Totals*	*Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year**	*Children included in (2)-(7) who were under 5 at the time of the first visit during the year**	*Patients included in (2)-(7) who have had more than 24 visits during the year**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(a) Cases	6,204	2,571	17	133	72	36	9,033	5,197	715	1,457
(b) Visits	124,234	38,371	97	3,066	517	95	166,380	98,840	3,167	85,178

**The number of visits paid to the special classes of patients in columns* (9), (10) *and* (11) *is shown under item* (*b*).

Summary of Cases Attended and Visits Paid by Home Nurses, 1950-1954

Authority	*Number of cases attended by Home Nurses during the year*					*Number of visits paid by Home Nurses during the year*				
	1950	1951	1952	1953	1954	1950	1951	1952	1953	1954
The County Council by agreement with the Dorset County Nursing Association	8,749	8,255	8,803	9,341	9,033	143,487	146,338	146,234	144,633	166,380

IMMUNISATION AND VACCINATION (Section 26) (*Tables* 14—18)

Diphtheria Immunisation

Administrative Arrangements

There has been no change in the county scheme during the year. Primary immunisations and re-inforcing doses are given by general practitioners and assistant county medical officers and school children are given re-inforcing doses by the school medical officers when they carry out routine medical inspections and, occasionally, at special sessions. School medical officers and health visitors take every opportunity of impressing upon parents and teachers the importance of immunisation. During the months when poliomyelitis was prevalent in the county, immunisation sessions at welfare centres and at school medical inspections were suspended in those areas in which cases had actually occurred.

The incidence of diphtheria in England and Wales continues to fall. In 1945, there were 18,596 notifications and 722 deaths; in 1950 there were 962 notifications and forty-nine deaths; and in 1954 the figures are 182 notifications and nine deaths. This progress must be sustained and, only if an adequate level of immunisation is maintained can the disease be completely conquered. The dramatic fall in the incidence of diphtheria and corresponding rarity of the disease has tended to make the younger mothers apathetic towards its deadly potentialities, the cumulative effect being only too clearly shown in the national immunisation statistics for 1953, when only 30·4 per cent of the children reaching the age of one year were immunised, compared with an objective of seventy-five per cent, which is needed to give reasonable protection to the community.

Organised Measures to encourage immunisation

The most powerful element in any local campaign to raise the immunisation rate is an organised system of personal persuasion. General practitioners, medical officers, health visitors, district nurses, and others associated with the health service urge the mothers of young children, especially of those under the age of one year, to have them protected by immunisation as soon as possible after the age of eight months, if not before.

Whooping Cough Immunisation

The result of the field work carried out in one section of the county in conjunction with the Medical Research Council to test the efficacy of the various vaccines, has not yet been received. It is known, however, that in the 2,000 cases inoculated during the past three years no case of whooping cough has occurred. The Medical Research Council will shortly publish the results of their prolonged tests, and the county council has submitted to the Ministry of Health a modification of their proposals under Section 26 of the National Health Service Act, 1946, so that appropriate arrangements can be made for immunisation against this disease.

Smallpox Vaccination

Administrative Arrangements

The procedure is the same as for diphtheria immunisation, but the general practitioner undertakes the majority of vaccinations, and parents are encouraged to use the services of the family doctor for this purpose. In this connection it is encouraging to note that the number of primary vaccinations of children under one year of age has increased from 765 in 1953 to 925 in 1954. This total, however, is still too low, and every effort is being made to obtain parental consent to vaccination as soon as possible after the infant is born.

Organised Measures to encourage Vaccination

Posters and publicity material are exhibited in public places, and as well as the routine educational work of the medical and nursing staff of the local health authority, lectures and film shows have been arranged in welfare centres, ante-natal clinics, and at parent-teacher association meetings.

Arrangements in the event of an outbreak of Smallpox

In the event of a smallpox outbreak in any part of the county creating a large emergency demand for smallpox vaccination or re-vaccination, arrangements would be made with medical practitioners for special sessions to be held, the public being informed of the measures in operation by means of press notices, announcements in cinemas and other places of entertainment, and by loud-speaker vans.

AMBULANCE SERVICE (Section 27) (*Tables* 19 *and* 20)

Administrative Arrangements

The only major change during the year under review was the introduction of wireless communication at the six ambulance depots in the South-East of Dorset. A preliminary survey of the whole county was first made, and the results were so encouraging that equipment was installed for a trial period of three months covering Poole and the surrounding depots. This showed beyond doubt that wireless not only greatly increases efficiency, but saves time and reduces mileage. The equipment has now been purchased and is operating on a permanent basis.

During May, officers from the Ministry of Health carried out a three-day advisory survey of the county ambulance service and the hospitals which it serves. This was done in connection with Ministry of Health circular No. 7/54 dealing with the rising cost of the service. The Ministry of Health in a letter reporting the result of the survey, stated that the Minister was very gratified to note that the county ambulance service is operated on an efficient and economical basis.

Existing mutual aid agreements with neighbouring authorities, including the agreement with Wiltshire County Council referred to in the last report, were continued. The agreements with the voluntary organisations which operate the ambulance service in Shaftesbury, Gillingham and Charmouth on an agency basis were also extended for another year.

Several large-scale exercises were held in conjunction with the police, hospital, fire and civil defence services to test the plans already prepared for use in the event of a major disaster, and many useful lessons were learnt by all taking part.

For the second year in succession a team of three driver/attendants gained second place in the South-West Regional Competition for local authorities' ambulance services, held at Plymouth in October.

The names of forty-five drivers were entered for the National Safe Driving Competition in 1954 and forty-one received diplomas, which were presented at ceremonies held in Weymouth and Dorchester.

The year under review again shows a rise in the combined mileage figure for the ambulance and hospital car services, but this is not of the same magnitude as that which took place during 1953.

It is satisfactory to note that the accompanying efficiency table again shows an improvement over previous years; the one exception being the figure representing miles per patient carried by the hospital car service, where there is a slight increase.

Depots

The new Depot in Poole was completed during the year, and was formally opened by the Mayor of Poole on Friday, 16th July. This depot consists of a supervisor's flat, living accommodation for twelve men, duty room, control room, and garages for nine vehicles. A new depot consisting of duty room, store, and a garage for two vehicles was also built in Swanage. An agreement was entered into with Sturminster Rural District Council for the lease of a garage for one ambulance.

Vehicles and Equipment

One new ambulance, and an omnibus to carry fourteen mental defectives to and from Poole Occupation Centre were purchased. The oldest vehicle now in the county ambulance service, excluding six ambulances retained for civil defence training purposes only, was registered in 1948.

Special carrying equipment for premature babies was issued to all depots, while an additional oxygen resuscitation set was provided, bringing the total number of depots now in possession of this equipment to nine.

Statistics

Comparative Mileage Table

Year	Ambulance Service		Hospital Car Service		Both Services Combined	
	Mileage for year	Increase (+) or decrease (—) on previous year	Mileage for year	Increase (+) or decrease (—) on previous year	Mileage for year	Increase (+) or decrease (—) on previous year
1950	334,200	+96,124	396,888	+19,709	731,088	+115,833
1951	363,728	+29,528	385,247	—11,641	748,975	+17,887
1952	378,199	+14,471	376,526	— 8,721	754,725	+ 5,750
1953	440,612	+62,413	388,991	+12,465	829,603	+74,878
1954	434,659	— 5,953	420,231	+31,240	854,890	+25,287

Efficiency Table

Year	Ambulance Service		Hospital Car Service	
	Average mileage per patient	Average number of patients per journey	Average mileage per patient	Average number of patients per journey
1952	9·15	1·75	9·95	2·78
1953	10·01	1·77	9·13	3·05
1954	9·40	1·88	9·47	3·11

Mentally defective children taken to and from the Poole Occupation Centre have not been recorded in this table as they travel by a 'bus provided for the purpose, and their inclusion would give an exaggerated picture of the average number of patients per journey.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

This section of the National Health Service Act gives a wide scope to local health authorities for implementing schemes for the prevention of illness, and for the after-care of sickness generally.

During the year it was found possible to extend certain of the services provided under this section of the Act.

Tuberculosis

Administrative Arrangements

In accordance with the Public Health (Tuberculosis) Regulations, 1952, copies of individual notifications of tuberculosis are received in accordance with the Tenth Schedule of the National Health Service Act, 1946, as amended by the Schedule to the 1949 Act. From this information a central register is maintained in the county health department and a health visiting record card for each new case, giving such details as home address and type of disease, is sent to the appropriate health visitor. The home is visited and a report on home conditions, contacts and recommendations concerning any service the patient requires than can be provided under the care and after-care scheme is made to the central office within ten days. These reports are sent via the appropriate district medical officer of health in order to ensure that he is fully informed of the conditions affecting the case, so that he can take any action with regard to housing. Reports on the results of the laboratory examination of sputa and other specimens relating to patients in his area are also sent to the district medical officer of health.

After the health visitor has paid her first visit to a new case, she continues to visit the home at least once every three months when the disease is active, and six-monthly in quiescent cases. Should any special circumstances arise a separate report is sent and appropriate action taken. In all cases a copy of the health visitor's report is forwarded to the chest physician so that he can arrange for the examination of contacts and B.C.G. vaccination of suitable cases. The chest physician in turn notifies discharges from sanatoria so that the health visitor can commence visiting as soon as possible. This officer is employed by the local health authority for part of his time to carry out certain duties in connection with tuberculous patients. In the interests of these patients, it is essential that there shall be a close liaison between the staff of the chest clinics and the health visitors who undertake care and after-care visiting to patients. To help achieve this, two health visitors have been appointed on a part-time basis to the staff of the chest clinics in the county, in order to form a link between the clinics and the remaining health visitors. It would appear that this scheme should be extended to include more health visitors, as the two already employed in the chest clinics are working to the full extent of their allocation, and the opportunity to confer at the clinics with the remaining health visitors is limited by this time factor.

When a death is attributed to tuberculosis and no notification has been received during the patient's lifetime, information is sought from the medical practitioner and all relevant details are passed to the chest physician who decides on the follow-up action necessary.

Prior to 1948 the Dorset County Branch of the British Red Cross Society had already established an efficient after-care organisation to cater for the needs of the tuberculous patient, and they have since undertaken this service as agents of the county council for all types of patient. Arrangements are made at the county health department for issuing free milk grants and providing shelters for domiciliary cases when this is necessary.

Employment

No difficulty has been experienced in excluding from their employment when necessary infectious workers suffering from tuberculosis. This aspect of tuberculosis prevention is particularly important where older patients, who are still in an infective state, are employed in close contact with younger persons. Close liaison is maintained between the chest physician and the rehabilitation officer regarding the placement of the few sputum positive patients capable of work and no cases thought likely to be a danger to others have persisted in anti-social activities.

The county council undertakes financial responsibility for the maintenance of cases specifically recommended by the chest physician for admission to rehabilitation centres. During the year five persons were admitted to Papworth and the Enham Alemein village settlement.

Statistics

Tuberculosis—Care and After-Care

	1950	1951	1952	1953	1954
Number of visits paid by Health Visitors	2,949	3,690	3,194	3,487	3,769
Number of shelters provided	15	14	13	12	10
Number of patients receiving milk grants	88	96	101	53	31
Total number of pints of milk issued ..	32,804	29,464	29,854	20,631	13,077
Average number of pints of milk per day issued	89·87	80·7	81·5	56·5	35·8

B.C.G. Vaccination

In August, 1949, the Ministry of Health empowered local health authorities to provide facilities for B.C.G. vaccination against tuberculosis of suitable child contacts, and the Minister approved the council's request that provision for this should be incorporated in their proposals under Section 28 of the National Health Service Act, 1946. It was not possible to commence vaccination until towards the end of 1950, and special sessions are reserved by the chest physician for this work. Under the scheme Mantoux testing and B.C.G. vaccination are carried out on child contacts of cases, but segregation is not practised before and during the various stages.

In accordance with Ministry of Health circular 22/53, application was made to the Minister to extend the county council's proposals to include the routine testing and vaccination with B.C.G. of suitable school children between the ages of 13 and 14 years. Consent was given to commence the scheme on the 1st April, 1954, and my deputy and the senior medical officer of health were approved to carry out the work after attending a course of instruction at the Great Ormonde Street Hospital for Sick Children.

A programme was drawn up to cover the forty-five schools in the county area attended by children in the appropriate age group, and the work was completed by the end of the year. The general approval of the local education authority was received, particularly to permit propaganda in the schools, and before the programme was commenced in a locality, arrangements were made to distribute explanatory letters and consent cards to parents, who were also invited to attend talks and discussions held in the schools.

My grateful thanks are due to the head teachers for the interest they showed in the work and for their ready help and co-operation, which greatly facilitated the smooth running of the various stages.

Wherever possible children from a number of schools were seen at one convenient centre. This enabled a more intensive daily programme to be carried out; an important factor when it is borne in mind that children who are vaccinated have to be seen on five separate occasions. Two preliminary tests were carried out, and children who gave a negative reaction to both were vaccinated with B.C.G. and retested later. Initially the patch test was used for the first preliminary test, but later this was abandoned in favour of a Mantoux test of a 1 in 10,000 solution of P.P.D. (purified protein derivative), which was found to give more reliable results and was more convenient to administer.

There was a satisfactory response to the scheme, parental consent being received in about 80 per cent of cases. The attendances at the explanatory talks varied a great deal, and did not seem to have any direct relationship to the number of completed consent cards returned by the parents.

Arrangements were already in hand by the end of the year for the assistant county medical officer in Weymouth to attend a course of instruction and a programme was prepared to cover, with the assistance of central staff, schools in the South Dorset area early in the new year. Poole area will also be visited as early as possible in 1955.

Of the children tested, thirty-eight per cent were found to be already Mantoux positive, a higher proportion than would be expected in the rural part of the county. Statistical details of the scheme will be found in the following tables.

Statistics

B.C.G. Vaccination of Child Contacts

	1950	1951	1952	1953	1954
Number of contacts successfully vaccinated	16	156	155	186	267

Vehicles and Equipment

One new ambulance, and an omnibus to carry fourteen mental defectives to and from Poole Occupation Centre were purchased. The oldest vehicle now in the county ambulance service, excluding six ambulances retained for civil defence training purposes only, was registered in 1948.

Special carrying equipment for premature babies was issued to all depots, while an additional oxygen resuscitation set was provided, bringing the total number of depots now in possession of this equipment to nine.

Statistics

Comparative Mileage Table

Year	Ambulance Service		Hospital Car Service		Both Services Combined	
	Mileage for year	Increase (+) or decrease (—) on previous year	Mileage for year	Increase (+) or decrease (—) on previous year	Mileage for year	Increase (+) or decrease (—) on previous year
1950	334,200	+96,124	396,888	+19,709	731,088	+115,833
1951	363,728	+29,528	385,247	—11,641	748,975	+17,887
1952	378,199	+14,471	376,526	— 8,721	754,725	+ 5,750
1953	440,612	+62,413	388,991	+12,465	829,603	+74,878
1954	434,659	— 5,953	420,231	+31,240	854,890	+25,287

Efficiency Table

Year	Ambulance Service		Hospital Car Service	
	Average mileage per patient	Average number of patients per journey	Average mileage per patient	Average number of patients per journey
1952	9·15	1·75	9·95	2·78
1953	10·01	1·77	9·13	3·05
1954	9·40	1·88	9·47	3·11

Mentally defective children taken to and from the Poole Occupation Centre have not been recorded in this table as they travel by a 'bus provided for the purpose, and their inclusion would give an exaggerated picture of the average number of patients per journey.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

This section of the National Health Service Act gives a wide scope to local health authorities for implementing schemes for the prevention of illness, and for the after-care of sickness generally.

During the year it was found possible to extend certain of the services provided under this section of the Act.

Tuberculosis

Administrative Arrangements

In accordance with the Public Health (Tuberculosis) Regulations, 1952, copies of individual notifications of tuberculosis are received in accordance with the Tenth Schedule of the National Health Service Act, 1946, as amended by the Schedule to the 1949 Act. From this information a central register is maintained in the county health department and a health visiting record card for each new case, giving such details as home address and type of disease, is sent to the appropriate health visitor. The home is visited and a report on home conditions, contacts and recommendations concerning any service the patient requires than can be provided under the care and after-care scheme is made to the central office within ten days. These reports are sent via the appropriate district medical officer of health in order to ensure that he is fully informed of the conditions affecting the case, so that he can take any action with regard to housing. Reports on the results of the laboratory examination of sputa and other specimens relating to patients in his area are also sent to the district medical officer of health.

After the health visitor has paid her first visit to a new case, she continues to visit the home at least once every three months when the disease is active, and six-monthly in quiescent cases. Should any special circumstances arise a separate report is sent and appropriate action taken. In all cases a copy of the health visitor's report is forwarded to the chest physician so that he can arrange for the examination of contacts and B.C.G. vaccination of suitable cases. The chest physician in turn notifies discharges from sanatoria so that the health visitor can commence visiting as soon as possible. This officer is employed by the local health authority for part of his time to carry out certain duties in connection with tuberculous patients. In the interests of these patients, it is essential that there shall be a close liaison between the staff of the chest clinics and the health visitors who undertake care and after-care visiting to patients. To help achieve this, two health visitors have been appointed on a part-time basis to the staff of the chest clinics in the county, in order to form a link between the clinics and the remaining health visitors. It would appear that this scheme should be extended to include more health visitors, as the two already employed in the chest clinics are working to the full extent of their allocation, and the opportunity to confer at the clinics with the remaining health visitors is limited by this time factor.

When a death is attributed to tuberculosis and no notification has been received during the patient's lifetime, information is sought from the medical practitioner and all relevant details are passed to the chest physician who decides on the follow-up action necessary.

Prior to 1948 the Dorset County Branch of the British Red Cross Society had already established an efficient after-care organisation to cater for the needs of the tuberculous patient, and they have since undertaken this service as agents of the county council for all types of patient. Arrangements are made at the county health department for issuing free milk grants and providing shelters for domiciliary cases when this is necessary.

Employment

No difficulty has been experienced in excluding from their employment when necessary infectious workers suffering from tuberculosis. This aspect of tuberculosis prevention is particularly important where older patients, who are still in an infective state, are employed in close contact with younger persons. Close liaison is maintained between the chest physician and the rehabilitation officer regarding the placement of the few sputum positive patients capable of work and no cases thought likely to be a danger to others have persisted in anti-social activities.

The county council undertakes financial responsibility for the maintenance of cases specifically recommended by the chest physician for admission to rehabilitation centres. During the year five persons were admitted to Papworth and the Enham Alamein village settlement.

Statistics

Tuberculosis—Care and After-Care

	1950	1951	1952	1953	1954
Number of visits paid by Health Visitors	2,949	3,690	3,194	3,487	3,769
Number of shelters provided	15	14	13	12	10
Number of patients receiving milk grants	88	96	101	53	31
Total number of pints of milk issued ..	32,804	29,464	29,854	20,631	13,077
Average number of pints of milk per day issued	89·87	80·7	81·5	56·5	35·8

B.C.G. Vaccination

In August, 1949, the Ministry of Health empowered local health authorities to provide facilities for B.C.G. vaccination against tuberculosis of suitable child contacts, and the Minister approved the council's request that provision for this should be incorporated in their proposals under Section 28 of the National Health Service Act, 1946. It was not possible to commence vaccination until towards the end of 1950, and special sessions are reserved by the chest physician for this work. Under the scheme Mantoux testing and B.C.G. vaccination are carried out on child contacts of cases, but segregation is not practised before and during the various stages.

In accordance with Ministry of Health circular 22/53, application was made to the Minister to extend the county council's proposals to include the routine testing and vaccination with B.C.G. of suitable school children between the ages of 13 and 14 years. Consent was given to commence the scheme on the 1st April, 1954, and my deputy and the senior medical officer of health were approved to carry out the work after attending a course of instruction at the Great Ormonde Street Hospital for Sick Children.

A programme was drawn up to cover the forty-five schools in the county area attended by children in the appropriate age group, and the work was completed by the end of the year. The general approval of the local education authority was received, particularly to permit propaganda in the schools, and before the programme was commenced in a locality, arrangements were made to distribute explanatory letters and consent cards to parents, who were also invited to attend talks and discussions held in the schools.

My grateful thanks are due to the head teachers for the interest they showed in the work and for their ready help and co-operation, which greatly facilitated the smooth running of the various stages.

Wherever possible children from a number of schools were seen at one convenient centre. This enabled a more intensive daily programme to be carried out; an important factor when it is borne in mind that children who are vaccinated have to be seen on five separate occasions. Two preliminary tests were carried out, and children who gave a negative reaction to both were vaccinated with B.C.G. and retested later. Initially the patch test was used for the first preliminary test, but later this was abandoned in favour of a Mantoux test of a 1 in 10,000 solution of P.P.D. (purified protein derivative), which was found to give more reliable results and was more convenient to administer.

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Of the children tested, thirty-eight per cent were found to be already Mantoux positive, a higher proportion than would be expected in the rural part of the county. Statistical details of the scheme will be found in the following tables.

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B.C.G. Vaccination of Child Contacts

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Number of contacts successfully vaccinated	16	156	155	186	267

Routine B.C.G. Vaccination of Children in 1941 *Age Group*

	Tested	*Positive*	*Vaccinated*	*Awaiting Vaccination*	*For Retest*
45 schools in county area	1,258	472	737	2	27

Mass Miniature Radiography

Mass miniature radiography has been undertaken in the county by a unit of the South-West Metropolitan Regional Hospital Board since October, 1950. Regular visits are made to the larger centres of population in the county, and the preparation and publicity campaign which precedes the visits necessitate co-operation between the unit staff, the county health department, district medical officers of health, the education authority and others. Arrangements at all times have worked very smoothly. On the whole, the numbers taking advantage of this service have been satisfactory and the programme drawn up by the unit allows for about one visit per year to each particular centre. Separate sessions are allocated to groups of employees from factories and business houses, to school leavers and to patients referred direct by general practitioners, in addition to those for the general public. Thanks are due to all concerned for the undoubted success of these special sessions.

Although the primary function of the unit is the early diagnosis of symtomless pulmonary tuberculosis, other chest conditions, both pulmonary and cardiac, are also detected. In cases where there is any doubt about the findings, the patient is recalled for a normal size x-ray film and when the medical director of the unit considers that observation, advice or treatment is required, the patient is referred to his own doctor, the chest clinic or hospital as the case may be.

In 1954, thirteen surveys were carred out in Dorset. These included six general public surveys and special surveys at a Royal Naval Cordite Factory, a Royal Ordnance Factory, a military camp and a modern secondary school, as well as two surveys of expectant mothers and their husbands in Poole.

It is of interest to note that a general public survey carried out in the Sturminster Newton area was in the nature of an experiment, as it was the first time that the unit had offered its services to a rural population. This area has quite a considerable but a very scattered population, and the unit visited Marnhull, Stalbridge and Shillingstone for miniature films only, for two half-days and one evening session in each case. The unit subsequently set up in Sturminster Newton using an empty shop in the centre of the town where, in addition to two days on miniature films, the larger film recalls from the villages concerned were also carried out, sessions being arranged to fit in with the timings of the very limited transport available. Nearly two thousand people attended for x-ray, and the medical director of the unit considered that this was a very satisfactory response.

During the year, 16,398 persons attended for examination in the county, and of this number 317 (1·93 per cent) were recalled for x-ray with a larger film. Following this second examination, eighty-five were clinically examined and fifty-nine referred to the chest clinic, fifty as probably suffering from tuberculosis and nine from non-tuberculous conditions. Twenty-one other cases were were referred to their own doctor or to the hospital as having non-tuberculous conditions; three cases were found to be suffering from cancer of the lung.

Taking the survey as a whole, 0·31 per cent of persons initially examined were referred to chest clinics as probably having tuberculosis, and fifteen or 0·92 per cent were eventually found to be suffering from active tuberculosis. The incidence of active disease was 1·06 per 1,000 examinations in males, 1·13 in females and 0·59 in children, with an overall incidence of 0·92 per cent.

During 1953, of the total number examined on miniature film, 0·33 per cent were referred to chest clinics as probably having tuberculosis, and in 0·148 per cent the diagnosis was confirmed.

Statistics

Examination and follow-up of cases, 1950-1954

	1950	1951	1952	1953	1954
Number x-rayed	7,572	20,415	24,042	21,538	16,398
Number recalled for larger film	269	646	606	566	317
Number referred to chest clinic for condition probably tuberculous	46	89	62	74	50
Number referred to chest clinic for condition probably non-tuberculous	No figures available		12	7	9
Number referred to hospital or doctor for other condition	41	99	54	36	21

Ultimate diagnosis and disposal of cases referred to Chest Clinic by Mass Radiography Unit, 1950-1954

	1950	1951	1952	1953	1954
Number seen at chest clinic	46	89	62	73	50
Number diagnosed as active tuberculosis	15	35	25	32	15
Number diagnosed as inactive but requiring further observation	12	27	31	28	20
Number diagnosed as inactive and requiring no further action	14	17	1	4	5
Number diagnosed as suffering from non-tuberculous conditions	5	10	3	8	9
Number still unclassified	—	—	2	1	1
Number referred but did not attend	—	—	—	1	—

Age groups examined and incidence of active pulmonary tuberculosis, 1954

	Under 15	15—24	25—34	35—44	45—59	60 *and over*	*Totals*
Males:							
Number examined	1,467	1,280	1,753	1,463	1,747	707	8,417
Number of active cases ..			2	1	4		7
Rate per 1,000 population ..			1·14	0·68	2·29		0·83
Females:							
Number examined	1,433	1,768	1,587	1,254	1,377	562	7,981
Number of active cases ..	1	4	3	—	—	—	8
Rate per 1,000 population ..	0·70	2·26	1·89	—	—	—	1·002

Other Illness

After-Care

The British Red Cross Society's organisation caters for all types of patients requiring after-care in one form or another, as well as tuberculosis cases. Arrangements are made through this agency or otherwise to provide care and after-care services to patients discharged from hospital or who are invalids at home, including the aged and chronic sick and information about persons requiring these services is received from many varied sources. Any arrangements made under this section of the Act lie, of course, outside the scope of the hospital and specialist services and the provisions of Part III of the National Assistance Act.

Arrangements are also made for sending suitable patients to holiday homes which are run on a private basis and differ from the convalescent homes for which the regional hospital board accept financial responsibility, in that no medical or nursing facilities are provided. Applications for admission are received from hospitals, general practitioners and assistant county medical officers of health, and the consent of the chairman of the Health and Social Services Committee is obtained in each case before arrangements are made for sending a patient to a private home. When the patient can afford it the cost is recovered in full, otherwise the National Scale B is applied.

Nursing equipment and comforts are loaned or hired to patients from the loan depots established in various parts of the county by the St. John Ambulance Brigade, the British Red Cross Society and the County Nursing Association.

Statistics

After-Care Services provided by the British Red Cross Society

	1950	1951	1952	1953	1954
Home Visiting:					
Number of home visits	Not available			5,340	7,931
Number of new cases seen ..	200	231	187	190	71
Number of patients visited ..	3,445	4,214	3,139	3,000	4,291
Articles Supplied:					
Special invalid foods	2,001	1,667	880	705	530
Bedding	118	135	107	166	149
Handicraft Materials	453	457	424	505	814
Clothing	298	337	309	311	363

Venereal Disease

The services of health visitors are available to undertake the follow-up of persons referred by consultants in venereal diseases in charge of regional hospital board treatment centres. Since the appointed day very few cases have been referred under this arrangement.

The number of Dorset patients dealt with for the first time during 1954 at treatment centres was 195, classified as follows:—

Treatment Centre	*Syphilis*	*Gonorrhoea*	*Other conditions*	*Totals*
Bournemouth ..	3	5	28	36
Dorchester	7	—	10	17
Poole	8	1	61	70
Salisbury	1	—	6	7
Weymouth	9	7	43	59
Yeovil	1	1	3	5
Other Centres ..	—	—	1	1
Totals ..	29	14	152	195

Domiciliary Care of Old People

Good use continues to be made of the home nursing and home help services, and these facilities have been further augmented by a mobile meals service in the Weymouth area. Proposals were formulated for extending the latter service to other parts of the county during 1955.

It is apparant that the introduction of these services has had the effect of reducing the need for residential accommodation, although there is still a considerable number of persons awaiting admission.

Provision of Old People's Dwellings by Local Authorities

The arrangements whereby annual contributions are made to housing authorities in respect of the provision by them of self-contained dwellings for old people have continued with the consent of the Minister of Housing and Local Government, under the provisions of Section 126 of the Local Government Act, 1948.

In addition to the agreements with the Poole Borough Council, Sturminster Rural District Council, Wimborne Urban District Council and Blandford Rural District Council, a contribution has been recommended to Shaftesbury Borough Council in respect of twelve dwellings at Barton Hill, Shaftesbury.

Statistics

The following table shows how the applications for residential accommodation received during the year have been dealt with:—

Source of Application	*Admitted to Hospital*	*Referred to other local authorities*	*Applications withdrawn after investigation*	*Admitted to residential accommodation*	*Totals*
General Practitioner ..	5	—	6	66	77
Relative	—	5	2	12	19
National Assistance Board ..	—	—	—	3	3
Hospital	—	—	2	57	59
Personal	2	8	7	45	62
Totals	7	13	17	183	220

Admission of Chronic Sick Cases to Hospital

Arrangements for reports on the social conditions of applicants for hospital beds have proceeded along the lines described last year, and this service is of considerable assistance to both hospital authorities and general practitioners. The number of requests for reports shows an increase, and it is expected that in the near future advantage will be taken of the service by management committees other than the Bournemouth and East Dorset Committee.

Chronic Sick Admissions to Hospital, 1954

Hospital Management Committee	*Requests for Investigation of Home Conditions*	*Recommended for Priority Admission*	*Not Recommended for Priority Admission*	*Request cancelled through Decease, etc.*
Bournemouth and East Dorset H.M.C.	217	122	71	24

Prevention of Illness

Although certain preventive measures are included in other services provided by the local health authority, powers are given under this section to deal with the subject on a much wider scale. It often happens that matters of a socio-medical nature are of sufficient importance to warrant special attention and in order that investigations may be conducted on scientific lines co-operation has been maintained with the Social Medicine Unit, Oxford University, and the Ministry of Health. Such an arrangement helps to solve local problems and also contributes to medical knowledge.

Surveys in conjunction with the Social Medicine Unit and the Ministry on the following subjects have been carried out by various officers of the health department during their normal duties:—

(*a*) School leavers;
(*b*) Virus infection during pregnancy;
(*c*) Health and development of children.

Investigations into outbreaks of infectious disease are also undertaken as part of the routine work in the department, and an epidemiological committee consisting of the county, area and district medical officers of health, together with representatives of the medical staff of the laboratories, has been formed to deal with major outbreaks. The committee can be called as soon as an epidemic occurs, in order to decide on the best means of investigating and controlling it.

Prevention of Break-up of Families

As stated in Ministry of Health Circular 27/54, issued in November, 1954, 'problem' families tend to reproduce themselves in the next generation and cost the community an expense out of all proportion to their numbers. Action to break this vicious circle by preventive measures would, in the Minister's view, be a proper exercise of the local health authorities' powers under Section 28 of the National Health Service Act, 1946. The circular goes on to say that the health visitor, by reason of her close contact with families with young children, is particularly well placed to recognise the early signs of failure in the family which may lead to the disruption of normal home life.

The work of the health visitors throughout the county is at present under review, and in future they will be required to devote more time to families where problems are likely to arise or are known to exist. In this connection the county council will be asked to consider the appointment of two additional health visitors, to be attached to the central office for liaison duties, who will materially assist with this problem.

Health Education

During the year progress was made in health education schemes in the county generally. A large part of the work continues to be carried out at welfare centres and ante-natal clinics, where the health visitors, as well as giving advice to individuals, arrange talks to mothers and encourage group discussions. Posters and leaflets are distributed as widely as possible, and exhibition stands issued by the Central Council for Health Education are displayed at clinics from time to time. A supply of suitable film strips is kept at the central office, and these are available to health visitors for showing at infant welfare centres.

A great deal of health education is also undertaken outside the sphere of the clinics. Lectures and talks are given to a wide variety of audiences, including parent-teacher associations. During the year, ninety such talks were given, ten being combined with film shows. Medical officers gave forty-one of the talks on a variety of subjects including clean food campaigns and routine B.C.G. vaccination of school children. The remainder of the talks were given by the senior dental officer, health visitors and sanitary inspectors.

DOMESTIC HELP SERVICE (Section 29)

The demand for this service continues to grow and there is increasing evidence that it is becoming one of the most important adjuncts to the health service as a whole.

The service has been decentralised as much as possible to ensure a prompt and personal contact by the organiser with both the helps and the persons assisted. As all classes of persons are catered for, only frequent visiting by the local organiser can produce an efficient service.

A basic routine has been laid down for the whole county for visiting cases, selection of helps, and accounting; but the division of these duties between the local organisers and the appropriate staff of the county health department shows great variation. In the two main areas of population, Poole and South Dorset, the service is decentralised completely under the day-to-day supervision of the respective area sub-committees. In three other areas, where the service is based on the offices of the district medical officer of health, the only functions performed by central staff are the final selection of helps and the assessment of householders' ability to pay. In another area, however, the accounting is undertaken by the central staff, in addition to the two other duties already mentioned. As regards the remaining areas, voluntary organisers undertake most of the duties, the only parts of the county where all functions are undertaken from county hall being those not yet covered by voluntary organisers; these are principally remote and sparsely populated.

The rapid expansion of the service in urban areas, and the small size of the units are making greater demands on the organisers, but with very few exceptions all requests for help have been met.

The National Assistance Board and hospital almoners have continued to give most helpful co-operation and their assistance is very much appreciated.

Staff

There is one county organiser; one full-time and one part-time area organiser; and twelve voluntary organisers working, to a greater or lesser extent, in conjunction with the area and district medical officers of health.

The number of equivalent full-time helps employed in 1954 was 50·6 as compared with 45·5 in the previous year; in rural areas these consist mainly of spare-time workers.

Training courses of one week each were held in Poole and Weymouth and arrangements are made, when possible, to bring the helps together so that they may discuss problems connected with their work. The value of such training and opportunity to compare notes is reflected in the response to these arrangements and the increased efficiency in individual cases.

Cases

Assistance to the households of elderly persons now accounts for one-half of the number of cases assisted; 311 have been visited during 1954 as compared with 236 in the previous year, the total number of cases helped being 610 and 555 respectively.

	Beaminster	Blandford	Bridport	Dorchester	Lyme Regis	Poole	Shaftesbury	Sherborne	South Dorset	Sturminster	Swanage	Wareham	Wimborne	Totals
Cases:														
Old	—	11	22	10	—	51	19	1	46	13	8	9	17	207
New	2	15	26	15	—	165	22	5	72	19	10	10	42	403
Totals ..	2	26	48	25	—	216	41	6	118	32	18	19	59	610
Types of Cases:														
Maternity —Old ..	—	—	1	—	—	3	—	—	—	1	—	—	—	5
—New	1	7	6	1	—	70	3	—	11	12	—	3	12	126
Old Age —Old ..	—	7	16	9	—	32	11	1	42	10	2	6	12	148
—New	—	6	8	11	—	44	11	5	43	6	4	3	22	163
Long-term Illness —Old ..	—	3	3	—	—	11	4	—	4	2	6	1	3	39
—New	1	—	7	1	—	16	5	—	7	—	2	2	2	43
Short-term Illness —Old ..	—	—	—	—	—	4	4	—	—	—	—	—	1	9
—New	—	2	5	2	—	31	3	—	11	1	3	1	4	63
Tuberculosis—Old ..	—	1	—	1	—	1	—	—	—	—	—	2	1	6
—New	—	—	—	—	—	4	—	—	—	—	1	1	2	8
Helps:														
Full-time ..	—	—	1	—	—	1	—	—	3	—	1	—	—	6
Part-time ..	—	2	2	1	—	5	2	—	13	3	—	1	3	32
Spare-time ..	1	7	6	3	—	31	11	4	1	6	1	7	10	88
Totals ..	1	9	9	4	—	37	13	4	17	9	2	8	13	126
Hours:														
Worked	272	7,219	7,419	4,901	—	27,654	8,452	1,068	16,791	5,212	2,300	7,620	9,820	98,728
Travelled ..	—	1,119	514	559	—	563	1,152	107	1,536	629	531	922	2,061	9,693
Waiting	—	31	160	—	—	11	105	—	134	48	68	74	—	631
Sickness	—	—	115	—	—	198	18	—	657	61	—	9	—	1,058
Holiday	—	124	132	99	—	133	38	—	587	102	110	98	163	1,586
Totals ..	272	8,493	8,340	5,559	—	28,559	9,765	1,175	19,705	6,052	3,009	8,723	12,044	111696
Equivalent full-time helps														50·6

Number of Cases for whom Helps were provided, 1950-54

Types of Cases	1950	1951	1952	1953	1954
Maternity ..	60	121	118	141	131
Old Age ..	84	155	184	236	311
Tuberculosis ..	8	11	16	13	14
Long-term Illness	38	43	47	64	82
Short-term Illness	84	110	89	101	72
Mental Deficiency	—	—	—	—	—
Totals ..	274	440	454	555	610

Domestic Help Service Staff, 1950-1954

Helps	1950	1951	1952	1953	1954
Full-time ..	6	8	8	8	6
Part-time	12	16	19	27	32
Spare-time ..	48	53	72	92	88
Totals ..	66	77	99	127	126
Equivalent full-time helps	12·5	26	35	45·5	50·6

MENTAL HEALTH (Section 51)

Administration

Committee

The Social Services Sub-Committee is responsible for the administration of matters coming within the scope of the Mental Deficiency Acts, the Lunacy and Mental Treatment Acts, and the care and after-care of persons suffering from mental illness. Five meetings of the sub-committee were held during the year.

Staff

The assistant county medical officers, who are approved for the purpose of certification under the Mental Deficiency Acts the consultant psychiatrist, health visitors, psychiatric social worker, duly authorised officers and mental health officers all co-operate, in this service.

The county council's proposals under Section 51 of the National Health Service Act, for the care of mental defectives provide for a chief mental deficiency officer, two welfare officers and two home teachers. One home teacher is a Member of the Association of Occupational Therapists and the other home teacher has attended a refresher course; all these officers have had considerable experience in this type of work. In addition there are seven persons employed at the Poole Occupation Centre consisting of one supervisor, who is a Member of the Association of Occupational Therapists, five assistants, two of whom have the Diploma of the National Association for Mental Health, and a cook.

Vacancies allotted by the National Association for Mental Health in respect of refresher courses for medical officers, are regularly taken up. One mental health welfare officer attended a refresher course during the year. The supervisor and certain members of the staff of the Poole Occupation Centre have attended refresher courses for staffs of occupation centres.

The consultant psychiatrist was appointed during 1951 to the extent of 1/22nd of his time for duties connected with the mental health service. There is one psychiatric social worker working with him who is principally engaged on child guidance work.

There are five duly authorised officers on the establishment, who undertake duties in connection with the Lunacy and Mental Treatment Acts, in addition to certain welfare work.

Co-ordination with Regional Hospital Board

Co-operation with the Coldeast and Tatchbury Mount groups of hospitals for mental defectives, and with Hortham Hospital and the Royal Western Counties Institution, Starcross, continues to be excellent. A large number of Dorset patients are still accommodated in the two latter institutions, to which they were admitted prior to the present arrangements with the South-West Metropolitan Regional Hospital Board which do not extend to Devon. Defectives resident in Lyme Regis are admitted to the Royal Western Counties Institution, Starcross. The mental deficiency welfare officers supervise defectives on licence from institutions who reside in this county, at the request of the hospitals concerned; defectives discharged from Orders are also given friendly guidance and help when necessary.

The number of defectives awaiting admission to regional hospital board institutions at the 31st December, 1954, was thirty-seven, as against forty-six at the 31st December, 1953. The waiting list is periodically scrutinised, and where possible cases have been removed from the list. The provision of statutory supervision, home teaching or admission to occupation centres, has assisted in stabilising a number of these defectives, and rendered institutional care unnecessary in certain cases. The number of vacancies made available for Dorset cases, however, dropped very considerably during the first eight months of the year averaging only one per month and the situation caused serious concern. As the result of representations made to the South-West Metropolitan Regional Hospital Board an increased number of vacancies was allocated to this Authority, and the position considerably improved during the latter part of the year.

Accommodation for the low grade defective is understandably the most difficult to obtain as such cases are seldom placed out on licence, and certain types tend to live much longer than formerly owing to modern methods of medical treatment.

There is a real need to provide separate accommodation for high grade children and young adults requiring training, where they can be kept apart from the lower grades. Many parents are deterred from consenting to their children going to institutions for training solely because they would be living with lower grade imbeciles and idiots.

The facilities provided under Ministry of Health circular 5/52 for the temporary institutional care of mental defectives has proved of great assistance, and has given a period of relief to parents and relatives from the constant strain of caring for the defectives. Five defectives have been admitted to institutions under this circular during the year.

Duties delegated to Voluntary Associations

No duties are delegated to voluntary associations directly under Section 51 of the National Health Service Act, but the Dorset County Branch of the British Red Cross Society, as part of the after-care duties undertaken as the agents of the county council, is prepared to assist in arranging home visits to suitable cases of mental illness excluding mental defectiveness.

Account of Work undertaken in the Community

National Health Service Act—Section 28

The ascertainment of mental defectives is continuing satisfactorily, and their training is provided for by the Poole Occupation Centre and two home teachers. One home teacher has carried out her duties in the east of the county since 1st September, 1948, and since 1951 a second has been carrying out similar duties in the west of the county. This training is of considerable benefit to those defectives who cannot attend occupation centres, and is much appreciated by parents and guardians who co-operate extremely well with the home teachers. Excellent results are obtained and a high standard of work produced, most of which is saleable. The most important factor is, of course, that the defective is kept happily occupied, and has a real interest in life.

Little advance has been made in the promotion of welfare for psychoneurotics, borderline psychotics and inadequate personalities of normal or limited intelligence.

Lunacy and Mental Treatment Acts

The closest co-operation is maintained between duly authorised officers, the medical superintendent of the mental hospital, the county psychiatrist and the police, and all removals have been carried out without undue difficulty.

Statistics

Admissions to Hospital

Year	*Voluntary*		*Temporary*		*Certified*		*Totals*	
	Men	*Women*	*Men*	*Women*	*Men*	*Women*	*Men*	*Women*
1950	12	15	1	3	78	113	91	131
1951	10	22	—	5	69	92	79	119
1952	18	33	2	4	46	90	66	127
1953	32	40	2	3	51	109	85	152
1954	46	58	6	13	68	111	120	182
Totals	118	168	11	28	312	515	441	711

Ascertainment of Mental Defectives

The main source of ascertainment is through the school health service. Following grading by the school medical officers, the welfare of the defectives becomes the responsibility of the Health and Social Services Committee. Sixty cases were reported during the year, thirty-eight of whom were notified by the Education Committee, and of these latter cases seven were considered to require institutional care or training.

Statistics

Ascertainment of Mental Defectives during the last five years

Grade	Number ascertained				
	1950	1951	1952	1953	1954
Feeble-minded	42	46	46	40	51
Imbeciles	16	11	28	18	9
Idiots	6	1	2	—	—
Moral defectives ..	1	—	—	—	—
Totals	65	58	76	58	60

Guardianship

One new case was placed under guardianship by Order of Court; ten Varying Orders were made during the year; two defectives were transferred from institutions to guardianship, four were admitted to institutions, and four were in respect of a change of guardian; in addition, one was removed from guardianship to an institution by Order of Court. The total number of cases under guardianship at the end of the year was 107.

This method of community care enables well behaved defectives to lead a normal home life, and so avoids taking up beds in institutions which are needed for the more difficult type of case.

Good use is made of one guardianship home, approved by the Board of Control for the reception of eight defectives; it is situated in a rural part of the county and has a large garden. The home teacher visits and gives instruction in various types of handicraft.

Statutory Supervision

Welfare officers visit new cases reported and undertake the supervision of all defectives in the county under statutory or voluntary supervision, on licence and under guardianship, as well as finding situations for defectives capable of employment. They also visit and report upon the homes of defectives in institutions who are coming under review by visiting justices. Friendly visits are also paid to defectives who have been discharged from Orders, and advice and help given when necessary.

Thirty-three new cases were placed under statutory supervision, making a total of 244. In addition ten cases were under voluntary supervision.

Home Teaching

Two home teachers are employed to give instruction in handicrafts to defectives under guardianship or statutory supervision, and at the end of the year sixty-five defectives were receiving regular instruction. This has proved of considerable benefit to the defectives, who take a real interest in the work and are happily occupied during the day. A number of them are living in isolated districts and could not, therefore, attend an occupation centre.

Occupation Centres

The occupation centre at Poole, which has been in existence for many years, was taken over by the county council in 1947. Each new entrant is examined by an assistant medical officer before admission, and regular medical inspections are carried out at the centre. The house is admirably suited for the purpose, as the defectives can be grouped in different rooms according to their ages and degree of mental defect; there is also a pleasant garden where games and exercises are organised for them. Dinners cooked on the premises are provided at a nominal charge, and the preparation of meals and kitchen work form part of the training.

The centre is now full to capacity, and to meet the growing demand for places it has been decided to extend the premises by building an additional large room. This will also provide improved facilities for meals and physical exercises, recreation, etc.

Students undergoing a course of training for staffs of occupation centres have been sent to this centre from time to time by the National Association for Mental Health for a few weeks practical training as part of the course. The Association have expressed their appreciation of the facilities granted to them.

Five Dorset defectives attend occupation centres in other counties by arrangement with the local health authorities concerned.

There is a need for the establishment of an occupation centre to provide training for defectives in the Weymouth, Portland, and Dorchester areas, and the question of building premises in Weymouth for the purpose is under consideration.

Transport

The county ambulance service undertakes the transport of defectives to the Poole and Yeovil occupation centres from a fairly wide and scattered area, and escorts travel with them.

Cases for admission to hospital under the Lunacy and Mental Treatment Acts are normally conveyed by hired transport due to the difficulty in arranging for a hospital car at short notice, but the county ambulance service is utilised when the family doctor considers this to be necessary. All female patients admitted to hospital are accompanied by a female attendant.

Statistics

Details of mental defectives under Care at 31st December, 1954

	Under 16		*Over 16*		*Totals*
	Males	*Females*	*Males*	*Females*	
Under Guardianship	1	1	39	66	107
Under Statutory Supervision	63	51	50	80	244
Under Voluntary Supervision	2	—	3	5	10
Attending Occupation Centres	18	12	13	16	59
Receiving home teaching	10	8	10	37	65
In institutions (including cases on licence) ..	37	21	220	214	492
In an Approved Home	3	8	—	—	11

Details of mental defectives under Care at 31st December, 1950-1954

	1950	1951	1952	1953	1954
Under Guardianship	123	117	112	111	107
Under Statutory Supervision	199	195	224	237	244
Under Voluntary Supervision	14	7	8	10	10
Attending Occupation Centres	48	49	55	59	59
Receiving home teaching	31	52	67	68	65
In institutions (including cases on licence) ..	463	478	482	487	492
In an Approved Home	—	1	9	9	11

SOCIAL SERVICES (National Assistance Act 1948)

Reception Centres (Section 17)

The county council maintains, on behalf of the National Assistance Board, one reception centre attached to Stoke Water House, Beaminster, for persons without a settled way of living.

I would again place on record my opinion that it is unsuitable from the point of view of both the residents and the staff that a reception centre should have to be maintained in conjunction with an old people's home, and this particularly applies to a home in a rural setting such as Stoke Water House.

Statistics

	1954		
	Men	*Women*	*Total*
Night accommodation provided at the Reception Centre ..	4,195	—	4,195
Highest monthly total (May)	469	—	469
Lowest monthly total (June)	286	—	286

Provision of Accommodation (Sections 21—28) (*Table* 21)

Residential Accommodation

Further progress has been made in the provision of residential accommodation for those in need of care and attention not otherwise available to them.

New Homes

Preparatory work in connection with the proposed new home at Gillingham was completed during the year, and the erection of the building will commence early in 1955.

Extension of Existing Homes

Provision was made in the 1955/56 capital budget for the extension of the home for the blind at Parkstone, to provide approximately fourteen additional places; it is intended that the plan first put forward in 1951 should form the basis of the scheme.

Adaptation of Existing Premises

The adaptation of Castleman House was completed, and the accommodation thereby increased to fifty places. Oil-burning heating equipment was installed at this home, and the provision of similar equipment at other homes will be considered when experience has been gained in this type of heating.

Joint User Arrangements

By providing the additional accommodation at Castleman House, Blandford, it was possible to withdraw the residents from East Boro' Hospital, Wimborne, and the joint user arrangement was terminated by agreement with the regional hospital board. There are now two establishments under joint user arrangements by the county council and the regional hospital board, namely those at Poole and Wareham.

Voluntary Organisations

The arrangements continued between the county council and the Bournemouth Old People's Welfare and Housing Society Ltd. and the Poole Old People's Welfare and Housing Society Ltd., in regard to the accommodation of elderly persons in homes belonging to the societies. A similar arrangement was completed between the county council and the Dorset Branch of the British Red Cross Society in regard to Charter House, Swanage. A number of persons were also accommodated in voluntary homes outside the county.

Amenities

An occupational therapist employed by the county council continues to visit regularly six of the residential homes for elderly people, and considerable interest has been maintained.

In view of the very high cost of providing tobacco, cigarettes and sweets, the free issue of the first two commodities to pensioners entitled to tobacco duty relief was discontinued. Other residents who are smokers are given an allowance of tobacco or cigarettes equivalent to the value of the tobacco duty relief, while non-smokers receive a free issue of a quarter pound of sweets per week.

Clothing to the value of £8 to £10 a year for each resident is supplied in necessitous cases. So far as is possible and within certain price restrictions, residents are allowed to choose their outer clothing.

A summer outing for the residents is arranged by the officer in charge of each home, and the council make a grant towards expenses.

During the winter months film shows are presented at the three larger homes once a fortnight.

Four homes are equipped with television receivers, provided either by the council, by way of gift or by subscriptions from residents' clubs.

Residents are allowed one week's leave of absence from the home each year without being charged for the accommodation.

Statistics

Accommodation available and numbers accommodated at 31st December, 1954

Premises	*Places Provided*	*Places Occupied*		
		Men	*Women*	*Totals*
In Homes under County Council Management:				
Stoke Water House, Beaminster	108	65	38	103
Stour View House, Sturminster Newton ..	110	35	67	102
Christmas Close, Wareham	56	31	23	54
Maiden Castle House, Dorchester	39	12	27	39
'The Lawns', Weymouth	40	17	23	40
Belmont Court, Parkstone	23	6	17	23
Castleman House, Blandford	50	23	27	50
James Day Memorial Home, Swanage ..	36	10	24	34
In Hospital under the control of Hospital Management Committee:				
Poole General Hospital (St. Mary's Block) ..	44	22	22	44
Totals	506	221	268	489

Persons accommodated on 31st December, 1954, in homes under the control of voluntary organisations

Name of Organisation or Home	Places Provided		
	Men	Women	Totals
In-County:			
Bournemouth Old People's Welfare and Housing Society Ltd. ..	8	21	29
Poole Old People's Welfare and Housing Society Ltd.	4	9	13
British Red Cross, Charter House, Swanage	1	3	4
Out-County:			
Blind Persons:			
Westcliff House, Westgate-on-Sea, Kent	—	1	1
Royal School for the Blind, Leatherhead, Surrey	1	—	1
Torr Home for the Blind, Plymouth, Devon	—	1	1
Epileptics:			
The Meath Home for Epileptics, Godalming	—	1	1
Chalfont Colony, Chalfont St. Peter	1	—	1
Maghull Home for Epileptics, Liverpool	1	1	2
Others:			
Salvation Army Homes, Godalming and Tunbridge	1	2	3
Pembroke House, Royal Naval Home, Chatham	1	—	1
Bath Home for Deaf Women	—	1	1
Maurice House, Westgate-on-Sea	2	—	2
Ridgemead Home, Egham, Surrey	—	1	1
Star and Garter Home, Richmond, Surrey	1	—	1
Totals	21	41	62

Age Groups of Residents in County Establishments and Voluntary Homes as at 31st December, 1954

Establishment	30—49		50—59		60—64		65—69		70—79		80 and over		Totals		Grand Total
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	
Stoke Water House, Beaminster	1	4	9	5	7	1	10	3	23	16	15	9	65	38	103
St. Mary's Hospital, Poole ..	2	—	2	3	1	2	4	3	9	10	4	4	22	22	44
Stour View House, Sturminster Newton	2	—	3	5	2	6	3	9	18	32	7	15	35	67	102
Christmas Close, Wareham ..	—	—	2	3	1	3	2	6	17	5	9	6	31	23	54
Maiden Castle House, Dorchester	—	—	1	1	—	1	2	3	4	9	5	13	12	27	39
'The Lawns', Weymouth ..	—	—	—	—	—	—	—	2	10	11	7	10	17	23	40
Castleman House, Blandford	—	1	2	1	1	1	1	2	10	12	9	10	23	27	50
Belmont Court, Parkstone ..	—	1	—	2	—	—	—	1	5	8	1	5	6	17	23
James Day Home, Swanage ..	—	—	1	—	—	1	—	—	5	6	4	17	10	24	34
Bournemouth Old People's Homes	—	—	—	—	—	1	—	1	5	9	3	10	8	21	29
Charter House, Swanage ..	—	—	—	—	—	—	—	—	—	1	1	2	1	3	4
Poole Old People's Homes ..	—	—	—	—	—	—	—	—	2	5	2	4	4	9	13
The Meath Home, Godalming	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Royal Agricultural Benevolent Institution, London, S.W.1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Star and Garter Home, Richmond, Surrey	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Royal Naval Benevolent Trust, Chatham	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Salvation Army Eventide Home, Godalming	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Salvation Army Home, Tunbridge Wells, Kent ..	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2
Poole Mead Home for Deaf Women, Bath	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
British Legion Home, Westgate-on-Sea, Kent	1	—	—	—	—	—	—	—	1	—	—	—	2	—	2
Chalfont Epileptic Colony ..	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Maghull Epileptic Home, Liverpool	1	1	—	—	—	—	—	—	—	—	—	—	1	1	2
Westcliffe House, Westgate-on-Sea	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Royal School for the Blind, Leatherhead	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Torr Home for the Blind, Plymouth	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Totals ..	10	9	20	20	12	16	23	30	110	125	67	109	242	309	
	19		40		28		53		235		176		551		551

Admissions, Discharges and Deaths during the Year 1954

Admissions	*Discharges*			*Deaths*	*Total*
	To Home	*To Hospital*	*To Mental Hospital*		
183	55	75	8	38	176

TEMPORARY ACCOMMODATION

No applications for temporary accommodation were received from persons whose need could reasonably have been foreseen. In view of the county council's resolution of 20th February, 1953, not to provide temporary accommodation under Section 21 (1) (b) of the National Assistance Act, 1948, other applicants were not assisted; all such cases are, however, investigated with a view to their rehabilitation. Close co-operation is maintained between the council's welfare officers and the district authorities' housing departments, and where children are involved the cases are referred to the county children's officer.

A joint scheme between the county council and the Poole Borough Council was prepared and received Ministerial approval, the objects being:—

(i) To prevent so far as possible situations arising in which the eviction of families from their homes becomes inevitable;
(ii) To assist families faced with inevitable eviction from their homes to secure other accommodation;
(iii) To provide suitable temporary accommodation for evicted families unable to secure other accommodation;
(iv) To provide for the rehabilitation of evicted families for whom temporary accommodation is made available;
(v) To provide for the well-being of the children of evicted families whose continued occupation of temporary accommodation could not, by reason of the persistent anti-social behaviour of the parents, be expected to lead to the family being satisfactorily rehabilitated.

Statistics

Applications for Temporary Accommodation during 1954

	Persons Evicted from Local Authority Houses			*Others*			*Total Persons*
	Women	*Children*	*Total*	*Women*	*Children*	*Total*	
Applications received	13	42	55	29	71	100	155
Admitted to Temporary Accommodation	—	—	—	—	—	—	—
Other Accommodation Found	13	42	55	29	71	100	155

Welfare Services (Sections 29 and 30)

BLIND AND PARTIALLY SIGHTED (*Tables* 22 *and* 23)

Administrative Arrangements

Because of the nature of the problems encountered, the work amongst these groups of handicapped persons is an essentially personal service.

In order to obtain the maximum benefit, therefore, the county health department works in close liaison with the Western Regional and the Dorset County Associations for the Blind and other voluntary organisations.

Registration

On 31st December, 1954, there were 701 persons on the blind register and ninety-four on the register of the partially sighted, increases of forty-seven and fourteen respectively on last year's figures. Of the 124 newly registered blind cases, 100 were aged 65 or over and ten under 16 years old. The last figure is exceptionally high and brings the number of children under 16 on the register up to twenty-one.

Of the ten newly registered children, blindness is due to retrolental fibroplasia in two cases and to infantile glaucoma in three cases, (two of the latter are brothers). One case of ophthalmia neonatorum was notified but there was no impairment of vision. Friedreich's Ataxia was the cause of blindness of two cases under 20 years of age.

The co-operation of the National Assistance Board in notifying cases they find with substantially defective vision is of great value, particularly in rural areas. Every effort is made to ensure that the recommendations of ophthalmologists and general practitioners, as to treatment, are carried out.

Home Teaching and Visiting

Five qualified home teachers carry out this work, an essential part of which is helping and encouraging persons with defective sight to adjust themselves in order to lead as normal a life as possible. They organise seven social centres in co-operation with the Dorset County Association for the Blind and hold two handicraft classes, in addition to giving lessons in reading and writing embossed type and handicraft instruction in their pupils' homes. As a result of their tuition many successes were gained at the Dorset Arts and Crafts Exhibition and the Bristol Guild of Blind Gardeners' Annual Show.

Workshop Employment

There are no sheltered workshops in Dorset, but the South Devon and Cornwall Institution for the Blind and the Royal School for the Blind, Leatherhead, each employ a journeyman on behalf of this authority.

Home Employment

Ten men and seven women, all of whom are fully trained, come under the supervision of the Royal Blind Asylum Workshops Scheme. The National Library for the Blind supervise two copyists, one of whom is in the new 'pastime' scheme. These two voluntary bodies act on behalf of the county council in respect of supervision and augmentation payments.

Marketing

This remains a constant problem. The presence of cheap goods in the shops renders it increasingly difficult to dispose of products at sales held throughout the county in co-operation with the Dorset County Association for the Blind. A group of Dorset traders kindly gave free space at a Modern Homes Exhibition in Dorchester when orders were taken. Some county council departments continue to purchase goods.

Employment in Open Industry

There were forty men and five women employed in this field at the end of the year, one of whom was newly employed. These figures do not give a true picture of the situation, as owing to the limited opportunities for suitable employment in Dorset several cases have had to leave the county, having been found employment elsewhere through the placement service of the Royal National Institute for the Blind who act as agents for this authority in this field.

Full co-operation is maintained with the Ministry of Labour, and the welfare officer of the blind serves on the Disablement Advisory Committees at Poole and Weymouth.

General Social Welfare

No cases suitable for social rehabilitation were registered during the year. The Dorset County Association for the Blind willingly co-operated in providing help for holidays and special needs.

Persons in Hospitals, Homes, etc.

There were 101 persons over the age of sixteen living away from home, forty-two in the care of the regional hospital board, twenty-five in homes for the blind, twenty-four in other homes provided under Part III of the National Assistance Act, 1948, and the remaining ten in privately run residential homes. In every case, co-operation is maintained to provide welfare services as needed.

Blind Register

A. Follow-up of Registered Blind

	Cause of Disability			
	Cataract	*Glaucoma*	*Retrolental Fibroplasia*	*Others*
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:				
(a) No treatment	27	5	2	25
(b) Treatment (medical, surgical or optical)	16	13	—	36
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	13	12	—	36

B. Ophthalmia Neonatorum

(i) Total number of cases notified during the year	1
(ii) Number of cases in which:—	
(a) Vision lost	Nil
(b) Vision impaired	Nil
(c) Treatment continuing at end of year ..	Nil

Partially Sighted Register

A. Follow-up of Registered Partially Sighted Persons

	Cause of Disability			
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:	*Cataract*	*Glaucoma*	*Retrolental Fibroplasia*	*Others*
(a) No treatment	1	2	—	4
(b) Treatment (medical, surgical or optical)	6	2	—	16
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	4	2	—	16

Deaf or Dumb

Administrative Arrangements

The Ministry of Health's model scheme, included in circular 32/51 dealing with the provision of welfare services under sections 29 and 30 of the National Assistance Act, 1948, for persons who are deaf or dumb, has been adopted by the county council and approved by the Minister of Health. The Wilts and Dorset Association for the Deaf have undertaken to provide these services on behalf of the county council, for which they receive an annual grant; the council having representation on the committees of the association.

All cases applying for assistance are referred to the association which makes arrangements for visiting and the preparation of duplicate record cards, giving such details as medical and social history and services required. One card is retained by the association and the other forwarded to the county health department.

Social Welfare

The social welfare services provided by the association include interpretation in deaf sign language; advice in domestic subjects and in legal, health and family matters. Sick visiting is undertaken at home and hospital as well as routine visiting and supervision, while negotiations are undertaken on behalf of the individual for work finding when the question of employment arises.

Social Centres

Social centres are provided for the deaf at Poole, Sherborne and Weymouth and hard of hearing clubs meet regularly at Bridport and Dorchester. The association has endeavoured to establish social centres for the deaf and clubs for the hard of hearing in other parts of the county, but little support was received from the public. The situation is being kept under review and should the need arise in any particular area in the future, existing facilities will be extended.

Lip Reading Classes

Instruction in lip reading has been given by a worker of the association at evening classes at Bridport and Dorchester, the local education authority accepting financial responsibility for the payment of the fees.

Survey

A survey of deaf or dumb persons was carried out during the year by the chaplain of the association, in Dorchester Borough and Shaftesbury Rural District. The object of the survey was to assess the incidence in the county of persons with these handicaps, and to ascertain as far as possible the nature and extent of their needs for social welfare and other services. Much useful information was collected, and a summary of the findings is given in the following table:—

District	*Mid-1954 population*	*Number of Cases*		*Number with Hearing Aid*		*Requiring frequent visits*		*Members of Social Organisation*
		Hard of hearing	*Deaf and Dumb*	*National Health*	*Commercial*	*Number*	*Percentage*	
Dorchester Borough	11,750	88	10	44	11	84	61	30
Shaftesbury Rural District	9,820	94	5	20	16	60	70	19

Applying the results of the survey to the whole county, it would appear than 2,495 persons or 8·44 per thousand of the population are suffering from the disability of hard of hearing, and 218 or 0·70 per thousand of the population are deaf and dumb. A high proportion, sixty-one per cent in Dorchester Borough and seventy per cent in Shaftesbury Rural District, require frequent visiting, and over a third of those requiring hearing aids use a commercial model.

Co-ordination

The association works in conjunction with the Ministry of Labour and National Service and its officers attend interviews in connection with the placement of deaf persons in suitable employment. All deaf persons on the register are visited at work from time to time as the need arises by the association's welfare officers who deal with any problems which may have developed. The county council has representation on the Executive Council of the West Regional Association for the Deaf, which covers the counties of Cornwall, Devon, Dorset, Gloucester, Somerset and Wiltshire, with its headquarters in Bristol.

Physically Handicapped (General Classes)

Administrative Arrangements

The scheme, included by the Ministry of Health in circular 32/51 for the provision of welfare services under sections 29 and 30 of the National Assistance Act, 1948, for handicapped persons other than the blind, partially sighted and deaf or dumb, has been adopted by the county council and approved by the Minister of Health. The British Red Cross Society act as agents of the county council in respect of certain sections of the scheme. ,

No special staff is employed for this scheme. In addition to the voluntary workers of the British Red Cross Society, health visitors and welfare officers assist in visiting handicapped persons and arrange for any services required, while administrative arrangements are carried out by the central staff. The policy of utilising existing staff may, however, have to be reconsidered in the future, owing to the increasing demands for assistance under the scheme.

Cases are referred by general practitioners, hospitals, central government departments and by workers of voluntary organisations. On receipt of an application for assistance the person is visited by a health visitor in the area, and a report made to the county health department on general conditions and the special needs of the patient. After consideration of all aspects of the case the person's name is included in the central register, if a suitable subject, and arrangements made for the provision of services required, either through the agency of the British Red Cross Society or otherwise. Clinical problems that arise are dealt with by the county medical staff in close consultation with the family doctor.

Services Provided

The social welfare services for handicapped persons set out in circular 32/51 are comprehensive and are provided wherever possible when the need for them arises. General advice and guidance is given and arrangements also made for any special services necessary, either through voluntary organisations or otherwise. The British Red Cross Society, through its various branches, provides several of these services as an extension of the after-care facilities already available under the agency arrangement with the county council under section 28 of the National Health Service Act. The society does not, however, undertake the defraying of expenses incurred in the carrying out of works of adaptation.

Instruction in handicrafts, crafts and other skilled activities are given by members of the British Red Cross Society in the patients' own homes, and they assist handicapped persons to secure orders for their goods and to dispose of any saleable articles produced by them.

Arrangements for the admission of suitable cases to holiday homes are made by the county health department who also work in conjunction with the Ministry of Labour and National Service to assist handicapped persons in securing suitable employment, and help is also given with any arrangements for training under the Disabled Persons (Employment) Act.

Handicapped children are mainly dealt with by the school health service, but on leaving school these children are referred for inclusion in the register, if necessary.

Development of the Service

The year has been spent in consolidating the existing services being provided under the obligatory clauses of circular 32/51. In due course the advice of the Minister of Health will be sought on extending the services to include those contained in the permissive clauses of the circular; it will only be possible to implement certain of the more ambitious of these by joint schemes with neighbouring local authorities.

During the year it was not, generally speaking, the policy of the county council to defray the expenses incurred in carrying out works of adaptation in the homes of handicapped persons, designed to secure their greater comfort and convenience. All cases requiring alterations to their homes, however, are visited and every endeavour is made to assist them by contacting interested bodies, including housing authorities and voluntary organisations.

No facilities at present exist in the county for workshop employment, as it is difficult to arrange these facilities in a rural area with a scattered population. It would appear that the only solution to the problem is the establishment of a workshop on a regional basis in conjunction with neighbouring authorities.

No scheme for home employment has been formulated, but further consideration will be given to the matter in the light of recommendations made. Marketing of produce, in so far as it affects home employment, will be considered at the same time.

Epileptics

The exact incidence of epileptics in the county is not accurately known, but six school children have been graded as suffering from this handicap and seventeen epileptics are resident in Part III accommodation. In addition, four persons are maintained by the county council in epileptic colonies in various parts of the country.

No special scheme has been formulated to cater for the needs of epileptics, services being provided, when required, under the council's schemes prepared in accordance with section 28 of the National Health Service Act, and section 29 of the National Assistance Act.

Spastics

Spastic children of school age fall into two main categories, the educable with an intellgence quotient of sixty and upwards and the ineducable. Out of a total of sixteen in the former category, eight are attending special schools, seven ordinary schools and one is receiving home tuition.

There are forty-two spastics on the mental deficiency register, fourteen being under school leaving age. Eight attend the occupation centre and eleven receive home teaching; the remaining twenty-three being cared for at home.

Registration of Disabled Persons' and Old Persons' Homes (Section 37)

Registration was granted in respect of a home for elderly persons at Sherborne. Two homes ceased to function, and the number registered at the end of the year was eight.

Removable to suitable premises of persons in need of care and attention (Section 47)

No persons were removed from their homes under the provisions of Section 47 of the Act. In three cases the need for a removal order was prevented by the action taken by the district social services officers in persuading the persons concerned voluntarily to enter a home.

Temporary Protection of Property of persons admitted to Hospitals, etc. (Section 48)

The council has become responsible for the temporary protection of property in three new cases, the total number of cases in which protection is given under this section being ten.

PUBLIC HEALTH LABORATORY SERVICE

The service provided by the Medical Research Council is closely linked with the prevention of illness and the detection of infectious disease. The routine laboratory work of this service is mainly concerned with the bacteriological examinations of 'medical' specimens from general practitioners, infectious diseases hospitals and local authorities and all 'sanitary' specimens from local or food authorities. The laboratories of the service normally do not undertake work which is rightly the province of the hospital or clinical pathologist. The closest co-operation exists between the laboratory service and medical officers of health, especially with regard to epidemiological problems which arise from time to time.

Two laboratories, staffed and administered by the Medical Research Council with a full-time bacteriologist in charge, cover the work in Dorset. One laboratory is located at Dorchester and the other at Boscombe.

Statistics

Laboratory	*Specimens received and examined during* 1954								
	Nose and throat	*Sputum*	*Faeces and urine*	*Water*	*Milk*	*Ice cream*	*V.D.*	*Miscellaneous*	*Totals*
Dorchester ..	374	251	1,494	2,313	6,392	520	5,127	2,377	18,848
Boscombe ..	1,302	81	527	625	772	308	—	469	4,084
Totals ..	1,676	332	2,021	2,938	7,164	828	5,127	2,846	22,932

REGISTRATION OF NURSING HOMES

Periodic inspections of the registered homes in the county are carried out and, before any application for a certificate of registration is granted, full enquiry is made as to the suitability and qualifications of the applicant and layout of premises.

Statistics

The following table shows the number of nursing homes, and the number of beds provided:—

Registration	*Number of Homes*	*Number of beds provided for*		
		Maternity	*Others*	*Totals*
Homes first registered during the year ..	2	—	11	11
Homes on the register at the end of the year	20	20	168	188

Action taken during 1954

Number of exemptions granted under Section 192 (1) including renewals .. .. Nil
Number of inspections 24

CHILDREN ACT, 1948 (Section 15)

Medical Supervision of Nurseries and Children's Homes

In the year under review, the county scheme for the supervision of all children in county council residential nurseries and children's homes has continued to work well. Good co-operation has again been maintained between the health department, the staff of the children's homes, and the general practitioners undertaking the treatment of the children under Part IV of the National Health Service Act.

The year has been noteworthy for the decrease in the number of children admitted to the residential nurseries and children's homes due to the policy of boarding-out, which has been pursued, both for children needing temporary accommodation and for those for long periods in the care of the county council. In view of this development the two residential nurseries, each providing accommodation for twenty young children under five years of age, and one children's home providing accommodation for twelve children of school age, have been closed. A small nursery unit of six beds at the reception/observation centre in Dorchester, and a panel of specially selected persons, willing to undertake in their own homes the care of young children for short periods, provide accommodation for children temporarily separated from their mothers; usually due to sudden illness, confinement or unsuitable home conditions. This arrangement reduces the risk of infection to which young children accommodated in larger nurseries are liable, and gives those children boarded-out the advantage of a normal home atmosphere while temporarily deprived of their mother's care.

As yet, it is difficult to assess the value of the present intensive boarding-out policy, and it remains to be seen whether the reservoir of suitable foster homes will be adequate to meet all needs.

The services of the consultant child psychiatrist appointed to the county medical staff on a part-time basis, have again proved of value in the treatment of difficult and maladjusted children in the homes. Several have shown marked improvement under treatment, and are now doing well in their home and school environment.

The public health laboratory service has continued to be responsible for the routine examination of throat swabs and other material necessary for the early detection and prevention of spread of infectious diseases amongst the children, especially those resident in the nurseries.

The pathologist and his staff have again undertaken routine Wassermann and Kahn tests on the blood of children coming into care, as well as the examination of much other material submitted for laboratory investigation connected with the health of the deprived child.

Dental Care

The dental care of children resident in nurseries and children's homes is undertaken by the county dental staff, who arrange periodic inspection and treatment. This regular service encourages habits of good dental hygiene in the children, and provides the conservative treatment so necessary for satisfactory dental condition in later life.

Educationally Sub-normal Pupils

Deprived children in this category are selected, as vacancies occur, for special educational treatment at residential schools. Certain selected boys from the homes are admitted to Clyffe House Special School, near Dorchester, which is maintained by the Dorset Local Education Authority, but girls and all children of the Roman Catholic faith needing special educational treatment are placed, as vacancies become available, in appropriate special schools maintained by other local education authorities.

A high proportion of the children so placed derive considerable benefit from the special educational facilities provided, which are designed to fit them for earning their own living after leaving school.

General health and wellbeing of Deprived Children resident in Children's Homes and Nurseries

Children's Homes

The character of medical supervision in connection with children's homes has changed considerably since the closure of the residential nurseries, and the boarding-out of an increasing number of children direct from their homes. The opportunity for becoming familiar with the mental and physical needs of children committed to the care of the county council is no longer possible, except in a few cases of difficult children unsuitable for boarding-out. Others, if admitted to the reception/observation centre or other homes, pass through so rapidly that few cases of illness are encountered, and little opportunity is afforded for following-up those children who, on admission, are found to be suffering from defects for which they are referred for treatment to the family doctor.

The reception/observation centre is run as a very satisfactory family unit; the rooms are bright and airy; toys and games suitable for varying types of children are in good supply; there is a good playground, and the pets and garden are never-failing sources of interest. On admission, children are welcomed with kindness and understanding, each child's own particular needs are quickly assessed by the staff, and it is rarely that a child has not settled down and become a happy member of the family within a few hours of admission.

The three remaining children's homes are also run as family units, providing ample interests for the children according to their individual needs. Difficult children unsuitable for boarding-out form the majority of the residents in these homes, and are usually long-stay cases. Their development and progress is constantly under review by the medical officer in close co-operation with the consultant child psychiatrist, with the object of preparing them for suitable occupations when they reach school-leaving age.

Protection of children from Tuberculosis

X-ray examinations on the chest of all staff at children's homes are carried out before appointment, and thereafter at yearly intervals.

During 1954, nine initial examinations and thirteen annual examinations were carried out, but none of the films showed signs of tuberculous infection.

Statistics

Number of residential nurseries and children's homes, including a hostel for working boys in the county	*Number of routine visits of medical officer*	*Number of routine examinations*	*Number of children referred for treatment*	*Number of children under observation for defects*
6	89	268	27	—

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

No new registrations were made under this Act during the year, but there was one daily minder supervising three children and one day nursery had previously been registered for twenty children.

Statistics

	Number registered at end of year	*Number of children provided for*
Premises: (a) Factory ..	—	—
(b) Other Nurseries	1	20
Daily minders	1	3

DAILY MINDERS PROVIDED BY THE AUTHORITY

During the year under review no daily minders were provided by the authority.

CIVIL DEFENCE

Ambulance Service

In July, 1954, the ambulance section of the civil defence corps was re-designated the ambulance and casualty collection section. The establishment was increased to include personnel to administer first aid at the scene of the incident and carry casualties back to ambulance loading point. This addition has provided a much needed link between the ambulance and rescue sections.

The strength of the section at the end of the year was 394 (men 132; women 262) of whom 327 have either completed training or are in the process of doing so; thirty-three of the men of the section have agreed to undergo additional training in casualty collection duties.

Three courses in sectional training and five courses in driving were held, for which six vehicles are available. Members of the section also took part in a number of practical exercises, all on a small scale with the exception of one at Weymouth when all six civil defence ambulances, two county ambulances and five hospital cars, operated in conjunction with the rescue, welfare and headquarters section.

More use was made of film strips as a medium of instruction, and the two films 'First Aid on the Spot' and 'The Ambulance Service in Action' are becoming increasingly popular.

First Aid Training

The following courses were held:—

Basic first aid	8 courses
Full first aid	4 ,,
Basic first aid revision	9 ,,

Welfare Services

At the end of December, 1954, the enrolled members of the welfare section numbered 1,653. These were distributed throughout the county as follows:—

Poole Borough	231
Weymouth Borough	172
Other urban areas	234
Rural areas	1,016

As in previous years, the welfare section is more strongly represented in the rural than in the urban areas of the county. The total strength of the section has increased during the year by 200 enrolled members and three-quarters of this increase has been in the urban areas, but the potential strength of the welfare section remains much higher than these figures suggest, owing to the continued interest and activities of auxiliaries who far outnumber enrolled members of the civil defence corps.

Following a review of the list of earmarked rest centres, extra buildings have been added and several unsuitable ones deleted. A draft rest centre plan was produced and approved by the Civil Defence Committee.

An inspection is being undertaken of all buildings in the county which have been earmarked for use as rest centres and emergency meals centres. Particular attention is being paid to the number of people who may reasonably be accommodated and fed in each centre and consideration is also being given to such matters as ventilation, sanitary accommodation and water supply.

Training lectures and exercises have proceeded along the same lines as in previous years and one exercise was held in Weymouth in which many welfare section members and auxiliaries took part and from which many lessons were learnt.

ENVIRONMENTAL HYGIENE

Water Supplies and Sewerage

General Commentary

The year 1954 can fairly be regarded as a milestone in the provision of piped water and main drainage in Dorset.

For a great many years the pollution of the River Stour at Gillingham by sewage and trade waste has been the cause of much concern to local inhabitants, the parish council, the rural district council and the county council. Since the Avon and Dorset River Board came into being in 1949 that authority also, has added weight to the case for adequate main drainage for Gillingham. In 1953 an interim scheme, estimated to cost £14,322, was submitted to the county council for consideration under the Rural Water Supplies and Sewerage Acts, 1944 and 1951. The county sanitary engineer was of the opinion, however, that the work envisaged would do little to improve the state of the river, and advised that consideration should be given to obtaining authority to proceed

with a scheme for the sewerage of, and treatment of sewage from, the town as a whole. In July, 1954, a public inquiry was held at which it was stated on behalf of the Shaftesbury Rural District Council that it was their intention to proceed at the earliest opportunity with the full scheme, the estimated cost of which was in the order of £157,475. In September, information was received to the effect that the Minister had approved, in principle, the outline comprehensive scheme, subject to certain conditions relating principally to the discharge of trade waste into the sewerage system and the design of the sewage disposal works.

Thus it was that at long last a major step had been taken towards the removal of one of the blackest spots in the county from a river pollution aspect. Nothing further has, to date, been heard concerning the trade waste investigations, and it is to be hoped that no time will be lost in obtaining the necessary data upon which the design of the treatment plant will be based.

Material progress has also been made towards the provision of main drainage at Wimborne Minster where, for more years than, perhaps, should be quoted, consideration has been given to the provision of a sewerage and sewage disposal scheme. In my report for 1953 it was stated that, in the event of the Ministry of Housing and Local Government refusing to yield to further pressure by the county council and the urban district council to amend their decision that Wimborne could not regarded as a 'rural locality' for grant purposes, the county council would themselves consider the possibility of making a contribution towards this scheme under the Public Health Act, 1936, having regard to the exceptional circumstances of the case. The Ministry would not waver and subsequently the county council agreed, in principle, to assist the urban district council, subject to the scheme meeting with their approval from an engineering viewpoint, and to agreement being reached as to the extent and manner in which the project would be financed by the two authorities.

In addition to serving the Wimborne Urban District, it was originally intended to drain parts of the parishes of Colehill, Pamphill and Hampreston, in the Wimborne and Cranborne Rural District, and the northern part of Poole Borough. Despite many attempts to obtain details of Poole Borough Council's requirements, the necessary information was not forthcoming and in March the urban district council decided that they would hold up their scheme no longer on this account; accordingly, the county council were invited to comment on the scheme in so far as it affected the urban district and the adjacent areas of the rural district.

On the 30th November the county sanitary engineer completed his report on the scheme which, whilst approving the outline proposals in general, stressed a point which had been made on the county council's behalf at the Public Inquiry in 1951. This was that an attempt should be made to revise the sewer layout in accordance with the principle that, where practicable, the sewers should be laid at the rear of existing buildings instead of in the principal highways. Not only would this be likely to facilitate the connection of house properties and reduce the cost of road reinstatement, but it would have the highly important advantage of leaving the main thoroughfares relatively undisturbed. Bearing in mind the narrowness of the streets at Wimborne and the congestion which occurs, especially in the summer, this was, in the county sanitary engineer's opinion, a factor of some magnitude. The report also suggested that the proposal to employ recirculation instead of 'straight-through' filtration should be further examined.

In September, the urban district council agreed, following a report from their consultants, to accept the county sanitary engineer's recommendations and, as a result, the Public Health Sub-Committee approved the scheme from an engineering viewpoint and, at their November meeting, the county council were advised that discussions on the financial aspects of the scheme should take place as soon as possible. On December 23rd representatives of the two councils met for this purpose, and it was agreed that the county council should be asked, at their meeting in February, 1955, to approve the following financial arrangements:—

'(*a*) Subject to plans and specifications of the proposed works being submitted to and approved by or on behalf of the county council and as from the date of completion of the works in accordance therewith the county council make an annual contribution towards such of the expenses of the urban district council as shall be agreed on behalf of the county council to be properly attributable to the execution and maintenance of the works after taking into account any savings resulting from the execution thereof.

(b) The amount of such contribution in any year be equivalent to the deficiency in that year in respect of such expenses after the urban district have contributed thereto an amount equivalent to the product of a rate in the urban district of five shillings in the pound.

(c) In respect of any year before the works are completed but during which the urban district council incur expenditure in or about their execution the county council contribute towards such expenses an amount to be approved on their behalf as bearing the same proportion to their contribution as calculated in (b) above as the expenditure incurred in that year bears to the total cost of the works.

(d) In each year payment by the county council of their contribution under (b) above be subject to their being satisfied on the certificate of the county medical officer of health that the works have been efficiently maintained.

(e) In the event of any contribution towards the cost of the works being received from the Ministry of Housing and Local Government the matter be reconsidered with a view to reducing the contributions of both the urban district council and the county council as envisaged above.'

This recommendation was approved and the scheme has been formally submitted to the Ministry for consideration.

Whereas it might be felt that the developments outlined above had been somewhat prolonged, the capital cost of this scheme is such that it would have been quite wrong to proceed with undue haste and in so doing run the risk of committing the authorities concerned to a scheme which might not prove as satisfactory as would be desired and, in the long run be uneconomic.

The position which has arisen concerning the financing of the Wimborne scheme reveals once again the weakness of the Rural Water Supplies and Sewerage Act of 1944 which, whilst permitting grants to be made, both by the Exchequer and the county council, to urban district and borough councils as well as rural district councils, gives no clear definition as to what constitutes a rural locality, bearing in mind that it is only towards the provision of water supply and sewerage services in a rural locality that grants under the Act may be made.

It does seem manifestly unfair that geographic conditions should so largely determine whether or not a grant should be made under the 1944 Act, no matter how great the need might be. In the case under consideration it is clear that, having regard to the Minister's decision, the urban district council could not, without assistance from the county council, undertake a scheme which would have the effect of increasing the rates beyond the limit which the inhabitants of a town of the size of Wimborne could possibly be expected to pay.

Another project of major importance on which special comment must be made is the Sturminster Newton sewerage and sewage disposal scheme. Work on the treatment plant, which will deal not only with domestic sewage but with trade waste also, was well advanced by the end of the year; the design embodies alternating double filtration and/or recirculation, as may be required, and is the first of this type to be constructed in Dorset by a local authority.

In the Bridport Rural District, schemes have been submitted for the sewerage of Charmouth, and at Shipton Gorge main drainage and water supply works have been proceeding simultaneously, and are now in an advanced stage. Where practicable, the water main has been laid in the same trench as the sewer, but at a higher level and, as a result, a saving in road reinstatement has been made and the need for closing some of the narrow thoroughfares has been kept to the minimum. In spite of considerable difficulty created by prolonged and heavy rain, the decision to carry out both schemes at the same time has been justified, and with the continued co-operation of the Ministry it is hoped that other projects will, where practicable, be carried out in this way in the future.

Approval was also given during the year to a sewerage and sewage disposal scheme for Burton Bradstock, where a piped water supply has been in existence for many years and the difficulties of disposing of waste matter have become acute. It is hoped that a starting date will be awarded during the financial year 1955/56.

The Blandford Rural District Council's joint sewerage and sewage disposal scheme for Milton Abbas and Milborne was completed and, although there have been 'teething' troubles, it is anticipated that these will be overcome without undue difficulty.

The long-awaited sewerage scheme for Charminster, in the Dorchester rural district, was submitted to the county council in May, and was the subject of a detailed report by the county sanitary engineer on the 26th July. The proposals provide for conveying sewage from Herrison Hospital and from Charminster village to the Dorchester Borough Council's sewage disposal works and, in the light of the county sanitary engineer's report, a conference is to take place early in 1955 between interested parties.

Towards the end of the year, the Wareham and Purbeck Rural District Council submitted a scheme prepared by their engineer and surveyor for the sewerage of the Upton part of Lytchett Minster at an estimated cost of £59,000, and this, with minor reservations, has been approved in principle, by the county council. The rural district council's original intention was to drain this rapidly developing part of Lytchett Minster parish into the sewers of the Poole Corporation for treatment at the new works which that authority were proposing to construct at Hamworthy, but they were unable to accept the terms offered.

As will be seen, marked progress was made during the year with the provision of main drainage in the county. Whilst, inevitably, some time will elapse before these proposals are brought to fruition, the foundation has been laid and it is to be hoped that no undue delays will occur. A great deal remains to be done, however, and in far too many parishes where it is known that existing sewerage and sewage disposal arrangements are totally inadequate a start has not yet been made even with the preparation of outline schemes. Indeed, this state of affairs is not confined to rural districts; there is more than one urban area in which the need for main drainage has been urgent for many years, but in which little or no progress has been made towards a betterment of present conditions. To some extent this is linked with the difficulty, mentioned above, in convincing the Minister of Housing and Local Government that small urban districts should, in this county at least, be regarded as rural localities for the purpose of grant aid under the Rural Water Supplies and Sewerage Act, 1944.

As far as water supply is concerned, work has continued on the comprehensive schemes for the Shaftesbury, Sherborne, Sturminster and Wimborne and Cranborne Rural District Councils, and it gives much satisfaction, not only to the rural district councils concerned, but also to the county council, to see piped water come to villages and even to remote hamlets. Hitherto, reliance had to be placed on local supplies which have been inadequate and, in far too many instances, of doubtful quality.

A public inquiry was held in January, 1954, into the Wareham and Purbeck Rural District Council's comprehensive water scheme, which it was estimated would cost £333,000. It was confidently hoped that within a comparatively short space of time the Minister would give his decision on the scheme and, assuming that this was favourable, intimate that he would award an early starting date for the first stages. A difficulty arose, however, in that, although faced with water supply problems, the Swanage Urban District Council neither submitted an acceptable independent scheme to the Minister nor agreed to take water in bulk from another authority as soon as that authority was in a position to supply. There would appear to be no doubt that, in this particular case, it would be in the interests of both the Swanage Urban District Council and the Wareham and Purbeck Rural District Council to endeavour to reach a mutually satisfactory arrangement by means of which the urban district council could obtain from the rural district council's comprehensive scheme, when completed, all the water they require. The county council have made it clear to the Ministry and to the two councils that, in their opinion, this is the best solution to the problem; if agreement cannot be reached, wider issues will arise.

The position at the end of the year was that the Ministry were in touch with the Swanage Urban District Council and, whether or not their intervention will overcome the impasse, it is to be hoped that the rural district council will be authorised to go ahead.

It is, however, in West Dorset that the county council are most anxious to see developments in so far as piped water supply is concerned, and early in the year the county sanitary engineer reported on the comprehensive scheme submitted by the Beaminster Rural District Council to serve the greater part of their area. The scheme was recommended for approval, in principle, subject to the question of the estimated water consumption for domestic and agricultural needs being reviewed. The proposals have subsequently been submitted to the Ministry and it is anticipated that a public inquiry will be held during 1955.

In the Bridport Rural District, the Shipton Gorge water scheme was substantially completed by the end of the year, and approval was given in July to the Puncknowle water scheme. This small scheme was the subject of a public inquiry in 1950 but, because of local difficulties concerning the source, it was not possible for the Minister to give an earlier decision. Tenders were invited for the work, but later there was a further hold-up in order to obtain the necessary clearances from the Ministry of Agriculture and Fisheries in so far as works proposed to be constructed on common land were concerned.

Perhaps the most noteworthy step during the year was that, following the abandonment of the negotiations which had been proceeding for some time for the purchase of the Bridport waterworks by a joint committee of the two Bridport councils, the Bridport Rural District Council instructed their consulting engineers to prepare a report on a water scheme to serve the whole of the district, with the exception of those parishes already served—or likely to be served—by other statutory undertakers. Frequent discussions have taken place between the county sanitary engineer, the rural district council's engineer and the consultants concerned, and the report is now in an advanced stage. Should the Bridport Rural District Council, the county council and the Ministry feel that the proposals are likely to provide a satisfactory and economical solution, the final stage will have been reached in planning for piped water supplies in all nine rural districts in the county.

Despite the inevitable delays and shortages resulting from the last war, a very great deal has already been accomplished, and it is difficult to over-estimate the benefits which the provision of piped water supply have already brought, and will bring to those who live and work in rural areas. The benefits to agriculture alone will be far-reaching, expanding the production of T.T. milk and the breeding of cattle which have passed the tuberculin test, as well as other stock. Given the co-operation of the councils concerned, and of the Ministry, there is no reason why a start should not be made in bringing water to those parts of West Dorset where it is most urgently needed, within the next year or so. It can, it is felt, safely be said that the county council will be prepared to play a full and active part in this connection—as, indeed they will continue to do—in the provision of water supply and main drainage in rural localities throughout the county.

Schemes Submitted, Commenced, and Completed during 1954

Local Authority	*Scheme*	*Approximate costs of Schemes*		
		Submitted	*Commenced*	*Completed*
	Water Supplies	£	£	£
Beaminster Rural ..	Corscombe and Halstock—Clarkham Cross extension	—	9,500	—
Blandford Rural ..	Winterborne Valley—Low Level—Thorncombe extension	8,480	—	—
Bridport Rural ..	Shipton Gorge	—	10,431	—
Dorchester Rural ..	Chesilborne extension	—	—	7,273
	Moreton extension	1,300	—	—
	Osmington extension	1,275	—	—
Shaftesbury Rural ..	Stubhampton (Southern Parishes Scheme)—Stage 3	—	58,515	—
Sherborne Rural ..	Northern Parishes—Mains and Reservoirs at Honeycombe and Compton (substantially completed)	—	—	85,864
Sturminster Rural ..	Regional Scheme—Contract No. 7—Stalbridge to Marnhull mains	—	20,382	—
Wareham Rural ..	Bloxworth and Morden extension ..	—	—	320
	Langton Matravers—Acton area	6,600	—	—
	Regional Scheme—Bere Regis section ..	12,000	—	—
Wimborne Rural ..	Regional Scheme—			
	Contract No. 3a	—	11,340	—
	Contract No. 4a	—	11,070	—
	Contract No. 4b	—	39,370	—
	Direct Labour—mains—Manswood to Haggates	—	—	4,822
	Mains—Holt, Hinton Martell and Chalbury	—	16,505	—
	Sewerage and Sewage Disposal			
Blandford Rural ..	Milborne and Milton Abbas	—	—	53,000
Bridport Rural ..	Charmouth	43,844	—	—
	Shipton Gorge	—	12,749	—
Dorchester Rural ..	Charminster	77,600	—	—
Shaftesbury Rural ..	Iwerne Minster (Revised Scheme)	3,629	—	—
Sherborne Rural ..	Bradford Abbas (Part)	—	—	9,227
Sturminster Rural ..	Kings Stagg	12,000	—	—
	Sturminster Newton—			
	Contract No. 1	—	35,330	—
	Contract No. 2	—	21,700	—
	Okefords Combined—			
	Contract No. 5	—	—	31,525
Wareham Rural ..	Lytchett Minster—Upton area	59,000	—	—
Wimborne Rural ..	Corfe Mullen—Stage 1—East End area ..	11,980	—	—
	Joint Scheme with Urban District ..	—	—	—
Wimborne Urban ..	Main Drainage (submitted)	—	—	—

Rivers Pollution Prevention

The Avon and Dorset River Board and their officers have again co-operated with the county council and the county health department in the matter of rivers pollution prevention. Apart from maintaining a careful watch over the rivers flowing through this county, Mr. J. D. Brayshaw, the fisheries and pollution inspector, has attended public inquiries on water supply, sewerage and sewage disposal schemes, and the evidence which he has given must have carried weight with the Ministry.

Particularly was this the case in so far as the Gillingham sewerage scheme was concerned, and it was apparent from his remarks that the Ministry Inspector was impressed with the detailed nature of the survey of the River Stour which Mr. Brayshaw and his staff had carried out. The evidence removed any doubt which might have been in the minds of those present at the inquiry as to the urgency of the scheme both on rivers pollution prevention and on public health grounds.

A valuable part has been played by the fisheries and pollution inspector also, in connection with the Wimborne and the Charmouth sewerage schemes. It is hoped that this friendly and helpful relationship will continue; certainly everything will be done by the county health department to see that this is so.

Sanitary Accommodation

Although further progress has been made in conversions from the conservancy method of sewage disposal to the water carriage system, the extent to which this will be possible in future is dependent on the development of main sewerage services. The need is great and this, once again, strengthens the plea both for the authority and the 'wherewithal' to proceed with the major works which are necessary not only to safeguard public health, but to bring into the rural districts, and some of the urban areas also, conditions which, in the middle of the twentieth century, should form the minimum standard of decency.

It is again necessary to draw attention to the time-lag which often exists between the provision of sewerage facilities and the connection of houses. A growing practice of rural district councils—and one which is approved by the county council—is to lay lateral connections to the boundaries of properties at the time sewers are constructed, and it is, therefore, all the more surprising that so much difficulty exists in completing the work.

Samples of sewage effluent taken from grant-aided sewage disposal works during the year have, in several cases, given disappointing results and this was often due to the fact that insufficient sewage was passing through the plant to enable biological treatment to take place. With the advent of the Housing Repairs and Rents Act of 1954 it is hoped that a stimulus will be given to the work of providing waterborne sanitation to many of the older dwelling-houses in the county.

Public Cleansing

Taken as a whole, the public cleansing services in Dorset are efficient, but it has again been apparent that, in some of the rural areas, collections are not as frequent as might be desired. Complaints which are made from time to time are generally well founded; but, although the solution is obvious, this could only be brought about at considerable cost and by increases in the rates of the districts concerned.

If it were possible, economically, to convert much of the refuse into a source of income by, on the one hand, paying greater attention to salvage and, on the other, by using ash and organic matter for conversion into fertilizing material, with or without the admixture of sewage sludge, it might be possible to finance the development of the public cleansing and allied services which is so badly needed. Unfortunately, although some very successful experiments have been carried out at a large hospital in the county, at which most of the raw materials required for the manufacture of compost are readily available, it is clear that it would not, in general, be economical to consider schemes for the composting of sewage sludge and refuse on a large scale in the rural areas. There might, possibly, be exceptions in those instances where it would be a simple matter to convey the required amount of refuse to the sewage disposal works site, and where it would be possible to obtain adequate quantities of straw at a reasonable cost.

The time might well come, however, when, as a matter of national policy, serious consideration will have to be given to the question of returning humus to the land in part-compensation for the vast amounts which have been removed annually for centuries. Far more thought has been given, it must be admitted, to what can be got out of the land than to what can be put back into it, and sooner or later the deficiencies must, in some way, be restored. The conversion of refuse and sewage sludge into fertilizing material and humus can, it has been proved, be achieved satisfactorily—albeit at a cost—and it is not without interest that, during the year, the Ministry of Housing and Local Government have indicated their willingness to consider schemes submitted by local authorities to provide for composting in connection with the disposal of sewage sludge. A tremendous field for research and development is open here to those with the initiative and purpose to devote to it.

Shops Act, 1950

It is evident from the annual reports of the district medical officers of health that, generally speaking, it has not been possible —because of shortages of staff—to give the increased attention which is so desirable to the inspection of shops. Having regard to the considerable amount of extra work which sanitary inspectors will be required to undertake as the result of the coming into force of the Housing Repairs and Rents Act and the decontrol of slaughtering, there is little prospect of the health aspects of the Shops Act being vigorously reviewed in the immediate future.

It is, however, interesting and satisfactory to note that the Bridport Borough Council have decided to appoint a full-time sanitary inspector, and that the borough surveyor and sanitary inspector of Shaftesbury has been provided with an engineering assistant.

It has been clear for a number of years that officers responsible for joint appointments of this nature could not possibly devote adequate time to the many ramifications and responsibilities associated with their posts, and it is hoped that other district councils who, in the past, have relied on similar arrangements will see their way clear to make separate appointments.

Swimming and Sea Water Bathing

In my annual reports of recent years I have drawn attention to the distasteful and potentially dangerous process of discharging sewage into the sea from coastal towns. Year by year the popularity of swimming and bathing increases as, unfortunately, does the volume of sewage being discharged into the sea, and again I make the plea that the day may come when a start can be made in providing adequate sewage disposal works inland for the treatment of sewage. It is realised that, perforce, some time must elapse before steps can be taken to deal with even the more offensive sea outfalls but, with the gradual improvement in the national economy, it would be a step in the right direction if the Ministries concerned would, as a matter of policy, sanction no scheme which did not provide for full treatment of sewage before the discharge of effluent into the sea, or into tidal waters.

In my reports for 1952 and 1953 I referred to surveys which had been conducted to determine the bacteriological condition of sea water and certain beaches around the British Isles. Such surveys are referred to by Dr. B. Moore, B.Sc., M.B., B.Ch., B.A.O., Director of the Public Health Laboratory, Exeter, in his papers 'Sewage Contamination of Coastal Bathing Waters' (*Bull. Hyg.* 1954, Vol. 29, No. 7, pp. 689-704). Further reference to the subject had previously been made by the same writer in a paper published in 1950 in the Monthly *Bulletin*, Ministry of Health and Public Health Laboratory Service (Vol. 9, pp. 72-8).

Reference to these valuable contributions to the literature of public health will, I suggest, endorse the views which I have previously expressed that it might be in the public interest to ascertain by means of investigations of a similar nature to those mentioned by Dr. Moore, whether, and to what extent, the principal sea bathing venues in Dorset were suspect. As I have said before, should the various authorities concerned care to undertake this form of research work, the county health department would, if desired, co-operate to the utmost.

The public swimming baths in the county are well supervised and, although they are not all provided with the most modern equipment, they do offer a means of recreation for which there is a keen demand both by local residents and by visitors. It is unfortunate, especially as far as the school children are concerned, that facilities for swimming do not exist in some towns and, as a result, the county education committee have authorised the construction of experimental swimming baths of a temporary character at the Dorchester Secondary Modern and the Wareham Secondary Modern schools.

Verminous Premises

The Control of Vermin and Insect Pests

It is satisfactory to report that there is evidence to show that the decline in the number of reported cases of verminous persons and premises, to which reference has been made in recent years, has continued.

Vermin Control

Generally speaking, the campaigns to destroy rats and mice continue to function satisfactorily, although it has been found, in some districts, to be costly. Due acknowledgment must be made to the work done in this connection by the pest destruction department of the Dorset Agricultural Executive Committee and by the North Dorset Joint Rodent Committee; the co-operation of the Ministry of Food is also appreciated. In my opinion, money devoted to this service is well spent and it is to be hoped that the work will prosper.

Factories Acts

The number of factories in this county is not great and, therefore, the need for any considerable volume of work under the Factories Acts does not arise. Less difficulty now exists in getting the necessary improvements carried out at factories as a result of the cessation of civil building control.

Satisfactory co-operation has been maintained between H.M. Inspectors of Factories and the local authority officers concerned.

School Hygiene

The sanitary survey of maintained schools in the county was completed in 1953, and subsequently a report was presented to the county council. Particulars relating to the survey were included in my Annual Report for 1953, as Principal School Medical Officer, and good progress has already been made in carrying out sanitary improvements at the schools selected for priority attention.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

Specified Areas

With effect from the 1st April, 1954, Weymouth, Swanage, the Wareham and Purbeck Rural District and part of the Dorchester Rural District became a specified area in which only specially designated milk may be sold. During the year, the attention of fifteen milk retailers was drawn to infringements of the Order and, whilst the majority of the dairymen concerned took steps to comply with the requirements, four decided to discontinue the retail sale of milk. In one case where special difficulty arose in arranging an alternative supply of milk to a few rural households, the Ministry of Food authorised the producer/retailer in question to continue the sale of non-designated milk for a period of sufficient length to enable him to make arrangements to sell designated milk.

The area, which comprises approximately one-quarter of the county, includes the Purbeck Hill district, where there are many isolated dwellings and difficulties might reasonably have been expected in getting supplies of designated milk to every household. It is, therefore, very satisfactory to be able to report that in only the single case mentioned above has it been found necessary for special dispensation to be granted.

Licensed Pasteurising Establishments

One dairy company did not renew its Dealers' (Pasteuriser's) Licence for 1954 and, accordingly, on the 1st January there were seventeen licensed pasteurising establishments in the county, excluding the Borough of Poole. No new licences were granted during the year, but one licence was cancelled in respect of a dairy which ceased the pasteurisation of milk. At the sixteen licensed plants in Dorset approximately 14,500 gallons of milk are pasteurised each day—a high proportion of this gallonage being sold by retail. This is an increase of 2,000 gallons per day compared with 1953.

It is satisfactory to state that pasteurised milk is now being supplied in the Borough of Lyme Regis, three local dairymen having made arrangements to obtain supplies of this grade of milk in bottles from two pasteurisers—one in Devon and the other in Dorset.

In general a satisfactory standard of hygiene has been maintained at the licensed pasteurising establishments, but in one case it became necessary to take formal action in order to bring about necessary improvements.

It will be seen from the statistical summary that only twenty-eight out of a total of 1,253 routine samples of pasteurised milk (2·23 per cent) failed the prescribed tests, whilst the number of unsatisfactory rinses and plant swabs obtained was also commendably low.

Milk in Schools Scheme

At the commencement of the year there were 260 schools in the county receiving supplies of milk under the milk in schools scheme, and of this number 223 were receiving pasteurised milk, thirty-six tuberculin tested milk and one school was being supplied with ungraded milk produced by a local attested herd.

During the year changes were made in the grade of milk supplied to eight schools and the position at the 31st December, 1954, was as follows:—

Number of schools receiving pasteurised milk ..	235
Number of schools receiving tuberculin tested milk ..	25
Total ..	260

It is very satisfactory to be able to report that every school participating in the scheme is now being supplied with graded milk and that 97·3 per cent of the schools are receiving milk in one-third pint bottles with drinking straws.

The county sanitary officer maintains close supervision of the supplies and the following table gives particulars of the samples taken for bacteriological examination during the year:—

Pasteurised		*Tuberculin tested*		*Ungraded*		*Total number of samples*	*Number of schools sampled**
Pass	*Fail*	*Pass*	*Fail*	*Pass*	*Fail*		
1,854	72	221	65	3	1	2,216	229*

* *Sampling of milk at thirty-one schools in the Borough of Poole was carried out by the borough sanitary inspectors.*

The percentage of failed samples is less than for the year 1953, and only twenty-two of the seventy-two unsatisfactory samples of pasteurised milk failed on account of inadequate or improper pasteurising. The remainder failed as respects keeping quality. With regard to the unsatisfactory samples of tuberculin tested milk, many of them were from one supplier who, following an investigation by the county sanitary officer, decided to supply pasteurised milk.

In addition to the above-mentioned samples obtained for bacteriological examination, twenty-nine samples were obtained for examination for tubercle bacilli and all proved negative.

Prevention of the Sale of Tuberculous Milk

In the year under review 452 samples of milk were submitted for biological examination. Of this number 407 were obtained from retailers (including producer/retailers) and it will be seen from the statistical summary of samples taken during the year that four gave positive reactions. Information in respect of each of these was sent to the divisional veterinary officer of the Ministry of Agriculture and Fisheries and, as a result of investigations which he conducted, three animals were slaughtered under the provisions of the Tuberculosis Order.

Undulant Fever

During the year information regarding four cases of undulant fever was received. As a result, samples of milk were obtained from the dairymen concerned for laboratory examination for *Brucella abortus*. Each of the samples proved negative to the test.

With an increasing consumption of pasteurised milk throughout the county, the potential risk to public health from the consumption of raw milk which might be infected with *Brucella* is diminishing. As I have mentioned in previous reports, the efficient heat treatment of milk is the only real safeguard against this danger.

Designated Milk Production

I am indebted to the county agricultural officer for the following statement on designated milk production in Dorset, and the opportunity is taken of acknowledging the co-operation which has at all times been received from members of his staff.

'The Milk (Special Designation) (Raw Milk) Regulations, 1949, provided three stages in the progress towards the final objective when all milk sold under the special designation "Tuberculin Tested" will be produced from attested herds.

'These stages were as follows:—

(*a*) Those producers who already held a tuberculin tested licence on 1st October, 1949, and those who obtained a licence following an application made before 1st October, 1951, were allowed to use the special designation for a period of five years, whether or not their herds were attested. Progressively from 1st October, 1954, such licences that fall due for renewal will be renewed only if the herds are attested.

(*b*) Tuberculin tested licences granted to producers on applications received between 1st October, 1951, and 30th September, 1954, allowed the use of the special designation only for a period of three years if their herds were not attested. Progressively, those licences also that fall due for renewal from 1st October, 1954, will be renewed only if the herds have become attested.

(*c*) Applications for tuberculin tested licences received after 1st October, 1954, can be granted only if the herd is attested.

'By 1st October, 1957, or thereabouts, the point will have been reached when practically all tuberculin tested milk will come from attested herds, and it is interesting to observe the progress made in Dorset in qualifying for tuberculin tested licences.

'The following figures will illustrate the point:—

	Total T.T. licences	*Per cent of total milk producers*
1st October, 1949 ..	797	25·3
1st October, 1950 ..	997	31·2
1st October, 1951 ..	1,159	37·2
1st October, 1952 ..	1,271	41·0
1st October, 1953 ..	1,414	46·0
1st October, 1954 ..	1,709	55·8
31st December, 1954	1,826	59·6

'The fact that the largest single yearly net increase in licences took place during 1954 is evidence of the intensified re actions of non-designated producers to the significance of 1st October, 1954, as it drew nearer.

'Almost 60 per cent of the 3,063 registered milk producers in the county at 31st December, 1954, now sell milk under the special designation "Tuberculin Tested". The latest available figures of the Milk Marketing Board show that of 3,942,000 gallons of milk sold off farms in the county during September, 1954, 2,582,000 gallons, or 65·5 per cent represented the contribution made by those producers holding tuberculin tested licences. As there has been a five per cent increase in the number of tuberculin tested licences since that date, it is reasonable to assume that total production from tuberculin tested herds has correspondingly increased.

'Tuberculosis in cattle is at present being attacked by the establishment of tubercle-free herds under the voluntary Tuberculosis (Attested Herds) Scheme, 1950. A herd which is kept under suitable conditions and has passed two consecutive tuberculin tests without a "reactor" is eligible for entry into the scheme as a supervised herd. When it has passed an official test, a supervised herd qualifies for registration in the register of attested herds. Bonus payments, which start when a herd becomes a supervised herd, continue for a period of six years. The bonus is at the rate of 2d. per gallon on milk sales for four years, followed by 1d. per gallon for two years or, at the option of the farmer, at the rate of £2 per head of cattle a year for four years, followed by £1 per head a year for two years. The latter form of bonus is principally designed for beef and rearing herds. Payment of bonus is subject to the observance by the farmer of certain rules designed to prevent re-infection of the herd. Attested herds are tested periodically, normally once a year.

'This scheme is the main instrument in the development of the Area Eradication Plan for Tuberculosis. Under Section 5 of the Diseases of Animals Act, 1950, the Minister of Agriculture and Fisheries may by Order declare any area in which he is satisfied that a substantial majority of the cattle are free from tuberculosis, to be an Eradication Area for the purposes connected with the control of that disease. Similarly, if he is satisfied that the disease is, for practical purposes, non-existent in an area, he may declare it to be an Attested Area. Having regard to the increasing number of attested cattle in the county it is possible that Dorset will within the next few years become ripe for development as an Eradication Area.

'All cattle in an Eradication or Attested Area are tested compulsorily and reactors slaughtered with payment of compensation on the basis of their market value as untested animals. The attestation bonus is not payable when a herd has been cleaned up by compulsory testing. Although the declaration of an Eradication Area is preceded by a period of free testing, it is in the farmers' interests to attain supervised or attested status at the earliest possible date in order to be certain of qualifying for the attestation bonus before the voluntary scheme closes.

'Furthermore, farmers who are producing milk and who do not hold a tuberculin tested licence entitling them to a quality premium of 2d. per gallon can now only obtain a licence, and with it the premium, if their herds are attested. Even if a herd is attested, it is necessary for an applicant for a Tuberculin Tested licence to be complying with the requirements of the Milk and Dairies Regulations, 1949, in so far as buildings and production methods are concerned.'

Statistical Summary of Samples taken during the year

Milk

Sampling Point	*Bacteriological Examination*			*Biological Examination*		
	Samples	*Complied*	*Failed*	*Samples*	*Negative*	*Positive*
Pasteurising Establishments ..	1,253	1,225	28	—	—	—
Maintained Schools ..	2,216	2,078	138	29	29	—
School Canteens	655	612	43	7	7	—
Private Schools	245	239	6	1	1	—
County Homes and Hospitals	346	323	23	8	8	—
Retailers	932	832	100	407	403	4
Totals	5,647	5,309	338	452	448	4

Rinses

Obtained from	*Satisfactory*	*Fairly Satisfactory*	*Unsatisfactory*	*Total*
Pasteurising Establishments and Schools	1,318	81	120	1,519

Water

Sampling Point	*Satisfactory*	*Suspicious*	*Unsatisfactory*	*Total*
Pasteurising Establishments, Police Houses, Schools, etc.	615	48	62	725

General

	Samples
River waters, sewage effluents, sludge, food, milk, water, faeces, etc., not included in above tables	284
Grand total of samples taken (all groups)	8,627

Provision of Meals in Schools

I am grateful to the county education officer for supplying the following information relating to the provision of meals to schools in the county:—

Number of schools in county receiving meals at 1st January, 1954	253
Number of schools *not* receiving meals at 1st January, 1954	3
Number of schools receiving meals at 31st December, 1954	258
Number of schools *not* receiving meals at 31st December, 1954	2
Number of new kitchens opened in 1954	1
Number of new dining rooms (nor classrooms) opened in 1954	2
Number of schools provided with washing-up facilities in 1954	2
Daily average number of meals served in 1954	20,104
Percentage of school population	50·73

Note.—Although the number of meals is more than in 1953, the number of children on roll has increased in greater proportion thus bringing the percentage slightly lower than in 1953.

Meat and Other Foods

In July, the Ministry of Food ceased to control meat, and responsibility for providing adequate slaughtering facilities in their areas, and for the inspection of meat at slaughterhouses, reverted to local authorities.

The Government's plans, following decontrol, were outlined in a White Paper published at the beginning of the year entitled 'The Interim Report of the Interdepartmental Committee on Slaughterhouses'. The committee's recommendations were almost wholly adopted in the Slaughterhouses Act which received the Royal Assent on the 5th July and came into force on that date. The Act makes local authorities responsible for ensuring that adequate slaughtering facilities are available in their area pending the implementation of the Government's policy of moderate concentration of slaughtering. Powers are also given to licence private slaughterhouses for a period exceeding thirteen months, provided the date of expiry is not later than the 31st July, 1959. The object of increasing the period of the licence is to encourage applicants to carry out necessary improvements to the premises concerned. Local authorities are also given powers to acquire premises compulsorily and to revoke licences when they are satisfied that adequate slaughtering facilities exist in the locality.

A new slaughterhouse at Uddens, near Wimborne, was opened by the Ministry of Food on the 30th March, 1954, and the Wimborne and Cranborne Rural District Council, in whose area the slaughterhouse is situated, appointed three additional sanitary inspectors to undertake full-time meat inspection duties at the premises. The Ministry maintained responsibility for the salughterhouse until October, when the rural district council took over the premises on lease from the Ministry pending negotiations for possible purchase. The actual management of the slaughterhouse and general supervision of slaughtering arrangements is undertaken by the Fatstock Marketing Corporation as agents for the rural district council. The Uddens abattoir serves the Wimborne Urban District, the greater part of the Wimborne and Cranborne Rural District, the County Borough of Bournemouth, Poole Borough, Christchurch Borough, Lymington Borough and the Ringwood and Fordingbridge Rural District.

At the 31st December there were twenty-seven licensed slaughterhouses in use in the county, excluding bacon and food factories, and their disposition is set out below:—

Blandford Borough	1
Bridport Borough	1
Dorchester Borough	2
Poole Borough	1
Shaftesbury Borough	1
Sherborne Urban District	2
Beaminster Rural District	3
Bridport Rural District	1
Dorchester Rural District	4
Shaftesbury Rural District	1
Sherborne Rural District	2
Sturminster Rural District	2
Wareham and Purbeck Rural District	3
Wimborne and Cranborne Rural District	3

Meat inspection in the Boroughs of Blandford and Bridport, and the rural districts of Shaftesbury and Bridport, is undertaken by private veterinary surgeons engaged for the purpose by the respective councils. Elsewhere the work is undertaken by sanitary inspectors, and in the case of the Borough of Dorchester, where slaughtering is on an extensive scale at both slaughterhouses, meat inspection makes heavy demands on the time of the two inspectors and entails considerable overtime.

The system of concentration of slaughtering adopted by the Ministry of Food during the period of control proved its worth in the achievement of a high standard of meat inspection, and it is to be hoped that the Interdepartmental Committee's recommendations for a system of moderate concentration of slaughtering will be implemented as soon as possible. Scattered licensed slaughterhouses and irregular hours of slaughtering place a heavy strain on the meat inspector who conscientiously endeavours to maintain a one hundred per cent meat inspection service.

With the decontrol of meat the Livestock (Restriction of Slaughtering) (No. 2) Order, 1940, lapsed and thus was lost the power to compel the staining of unsound meat. This is to be regretted, for this power was of great assistance in preventing the clandestine sale for human consumption of knacker and other unfit meat.

Voluntary staining of this class of meat is not likely to be very successful, and the way is made easier for an unscrupulous dealer to engage in this unwholesome business. It is to be hoped that suitable regulations will be made at an early date to reimpose the obligation to stain unsound meat.

Food Premises

The Food and Drugs Amendment Act, 1954, received the Royal Assent on the 25th November, 1954 and, with the exception of section 28, which deals with private slaughterhouses and which came into operation on that date, will become operative on a day to be appointed by the Minister of Food.

The Act aims at improving the standard of cleanliness in regard to the preparation, storage and sale of food, and strengthens the law in connection with the sale of food and drugs containing ingredients which might be injurious to health.

In the committee stage, the Bill was keenly debated, particularly with regard to the proposed legislation requiring the registration of catering premises, with the result that the Act states that premises used wholly or mainly as catering premises, or as a club or school, are excluded from the registration provisions. From the public health viewpoint this to be regretted, as it is considered that compulsory registration would have strengthened considerably the enforcement of a satisfactory standard of hygiene.

Section 6 of the Act repeals section 13 of the Food and Drugs Act, 1938, which prescribed measures for preventing contamination of food, and provision is now made for the Minister to make regulations for securing hygienic conditions and practices in the preparation, sale and storage of foodstuffs. Codes of practice may also be published in connection with matters which may be made the subject of regulations, but since they will be for guidance and in no way enforceable, it is doubtful that they will be of much assistance except to clean food guilds.

Although the Act does not go as far as might have been hoped, there is no doubt that it will be generally welcomed by all those interested in the promotion of a satisfactory standard of hygiene in the preparation and handling of food.

The district medical officers of health and sanitary inspectors continued, during the year, to pay due attention to food preparing premises, with the object of ensuring the maintenance of a satisfactory standard of hygiene. There is no doubt that the general public can exert a great influence in the promotion of food hygiene, and they should not hesitate to make verbal protest at the employment of objectionable practices in the handling of food in shops and restaurants.

The Manufacture and Sale of Ice Cream

In my annual report for 1953 mention was made of provisions contained in the new Food and Drugs Bill whereby regulations and orders could be made requiring the registration of cinemas, clubs, restaurants and hotels for the sale of ice cream. In its passage through Parliament, the Bill was subjected to amendments and, when published as the Food and Drugs Amendment Act, 1954, at the end of this year, it became apparent that these premises had again been excluded from the registration provisions. As a result, control over the manufacture and sale of this commodity remains incomplete.

Laboratory reports in respect of the methylene blue test carried out on 345 samples of ice cream during the year indicate that ninety per cent were of a satisfactory bacteriological standard. In addition to ice cream, sanitary inspectors also paid attention to the manufacture and sale of iced lollies and, from the laboratory reports in respect of samples submitted for the methylene blue test, ninety-four per cent were satisfactory.

Adulteration of Food and Drugs

The county council's duties in connection with sampling under the Food and Drugs Acts, 1938-54, are undertaken by the department of the chief inspector of weights and measures. The following particulars relate to samples taken during the year ended 31st December, 1954:—

Nature of Sample	*Number obtained*	*Number certified as adulterated or not up to standard*
Milk	465	27
Bread and Butter	28	16
Cream	21	—
Ice Cream	16	1
Potable Spirits	78	1
Sausages	10	—
Other samples of Foods	160	15
Samples of Drugs	24	—
Totals	802	60

In the Borough of Poole this work is carried out by the borough sanitary inspectors and some 300 samples of food and drugs were submitted to the Public Analyst during the year.

HOUSING (*Table* 24)

From the extracts given below of the Ministry of Housing and Local Government official returns for the 31st December, 1953 and 1954, it will be observed that the total number of Council houses constructed by the housing authorities in Dorset since 1945 has increased from 8,780 to 9,722 during the year. The increase, amounting to 942 is, however, less by some 608 dwellings than that which occurred during the preceding year.

In the Shaftesbury and Wareham Boroughs and the Swanage and Wimborne Minster Urban Districts no council houses were constructed during 1954, and in the case of Wimborne Minster no houses were constructed in 1953 either. Throughout the county there has been a marked slowing-up in the construction of council houses, the reason being partly financial and partly because in several districts, the demand for new council houses has substantially been met. To what extent this is the case cannot be stated in detail in so far as the boroughs and urban districts are concerned, but in the rural districts, when the annual returns were submitted for the year ended 30th June, 1954, the waiting lists had dropped from 2,555 to 2,233—a decrease of 322 in twelve months.

Even so, in the Dorchester rural district the waiting lists increased from 630 to 671 during the year and, following the even greater rise which occurred during the year 1952/53, the county council, on the recommendation of the Health and Social Services Committee, invited the Dorchester Rural District Council to account for the fact that new council housing construction in their area did not appear to be keeping pace with demand. In the light of the reply received, no further action was taken, and it is anticipated that the figures for 1954/55 will show some improvement in the position.

A further comparison of the statistics given below will show that the number of privately owned dwellings completed during 1954 increased by 1,174, the total number of such dwellings in the county completed between the 1st April, 1945, and the 31st December, 1954, being 4,395. The corresponding figure for the number of new council houses constructed during this period is, as stated above, 9,722 and, bearing in mind the building restrictions which, until recent years, have been in force, it is noteworthy that the percentage of private dwellings to council houses was, at the end of 1954, approaching fifty per cent. In Dorset 232 more privately owned dwellings were built during the year than council houses and, with the further relaxation of building control, it will be surprising if the increase is not even greater during 1955.

Viewed dispassionately, this must be considered a healthy sign; not only is it advantageous for private individuals to own the houses in which they live, it is also a means of reducing the cost of housing subsidies to be borne by the ratepayer. It is, however, clear that the need for a certain number of new council houses will exist for some long time to come—if not indefinitely—and it is apparent that, from the information in the county council's possession, faster progress is necessary in some districts if supply is to keep pace with demand.

In general, the over-all position anent the construction of new houses, both by housing authorities and by private individuals in the county, gives no cause for concern, and the trend can best be described as encouraging.

Permanent Houses completed since 1st April, 1945

Housing Authority	*Position as at 31st December, 1953*				*Position as at 31st December, 1954*			
	Under Construction		*Completed*		*Under Construction*		*Completed*	
	By Council	*Privately*	*By Council*	*Privately*	*By Council*	*Privately*	*By Council*	*Privately*
Boroughs:								
Blandford Forum ..	32	3	158	26	30	2	202	31
Bridport	28	12	258	72	10	3	286	83
Dorchester	20	19	220	74	28	6	252	105
Lyme Regis	57	7	144	25	18	3	183	39
Poole	187	425	2,549	1,018	66	200	2,745	1,596
Shaftesbury	—	3	126	35	12	4	126	38
Wareham	—	2	119	43	16	5	119	50
Weymouth and Melcombe Regis ..	122	80	987	390	126	54	1,103	470
Urban Districts:								
Portland	22	9	351	59	—	15	373	68
Sherborne	28	1	170	25	33	3	204	28
Swanage	—	24	180	115	—	27	180	154
Wimborne Minster ..	—	1	119	28	—	1	119	32
Rural Districts:								
Beaminster	54	9	188	80	19	5	241	96
Blandford	44	13	299	83	12	14	351	108
Bridport	34	37	82	103	54	39	105	136
Dorchester	57	31	269	157	56	32	330	184
Shaftesbury	20	10	371	77	12	2	409	99
Sherborne	40	8	196	39	4	12	236	43
Sturminster	18	3	745	98	19	5	774	103
Wareham and Purbeck	42	62	660	222	28	50	720	275
Wimborne and Cranborne	52	73	589	452	42	70	664	657
Totals ..	857	832	8,780	3,221	585	552	9,722	4,395

The Housing Repairs and Rents Bill

This Act, which received the Royal Assent on the 30th July, 1954, came into operation on the 30th August. Generally, it deals with two aspects of housing: Part I being concerned with a renewed drive on slum clearance and Part II making provision for rent increases, subject to certain conditions in respect of properties which have been maintained in a state of good repair. The Act also contains amendments to the Housing Act, 1949, with regard to conditions to be satisfied for approval of an improvement grant. These amendments—which remove the limit of £800 on the cost of the work and reduce from not less than thirty years to not less than fifteen years the period for which the improved dwelling will provide satisfactory housing—should encourage a considerable increase in the number of applications for grants. It is to be hoped that local authorities will give more publicity to the Housing Act, 1949, than has hitherto been the practice, with a few exceptions, for it offers a valuable contribution towards solving the housing needs of the nation.

With regard to slum clearance, local authorities are charged with preparing and submitting to the Minister of Housing and Local Government, within twelve months from the commencement of the Act, their proposals for dealing with this problem. Recognising the difficulties confronting some local authorities with regard to the rehousing of families living in houses scheduled for demolition, the Act empowers the purchase of such properties and the carrying out of sufficient repairs to make them suitable for temporary accommodation of a reasonable standard. In general, local authorities will probably be reluctant to become owners of slum property, and these powers are not likely to be widely employed except in those cases where extensive clearance areas have been prepared and rehousing presents an acute problem.

For the first time, a standard of fitness has been presented, and section 9 of the Act enumerates eight points which must be considered when making a decision as to the fitness of a dwelling. The house shall be deemed to be unfit only if it is so far defective in one or more of the eight matters as to be not reasonably suitable for occupation in that condition.

Whether the employment of this standard is going to prove as helpful as was at first generally considered remains to be seen, and no doubt there will be many legal argumonts on the varied interpretations which can be applied to the term 'reasonably suitable'. It may well be that the procedure previously adopted under the principal Act to determine the fitness of a house will prove to have been more acceptable to those officers of local authorities responsible for carrying out the work of housing and slum clearance.

When the Act first became operative it was anticipated that many local authorities would be overwhelmed with applications for certificates of disrepair. This was not the case, however, in Dorset, for the number which had been received by the end of the year was very small, and it seems there is a general hesitancy on the part of landlords throughout the country to exercise the powers to increase rents of controlled dwellings.

There are two possible reasons for this, viz.:—

(*a*) They are concerned, in the event of a tenant seeking a certificate of disrepair, that they will be presented with a repairs notice from the local authority which may involve them in a considerable expense.

(*b*) The anomalies created by the rule that no repairs increase can be made where a rent recoverable in respect of any period equals or exceeds twice the gross annual value of the property.

As yet it is too early to assess the value of the Act in the drive to improve the general standard of housing throughout the country. The renewed attack on slum clearance after a lapse of over fourteen years will be generally welcomed, but the speed at which local authorities can progress with this work will be dependent upon their having sufficient staff and on their ability to rehouse the families displaced. Whether the Act will achieve success in encouraging landlords to maintain their property in a good state of repair, also remains to be seen.

TABLE 1—VITAL STATISTICS

Area:—622,843 Acres.	*1945*	*1946*	*1947*	*1948*	*1949*	*1950*	*1951*	*1952*	*1953*	*195*
Population:—										
Urban Districts ..	151,810	163,690	168,290	171,706	173,914	181,595	183,500	183,600	185,800	188,0
Rural Districts ..	91,180	94,400	96,100	101,094	101,486	109,245	112,800	112,900	113,560	113,4
Whole County ..	242,990	258,090	264,390	272,800	275,400	*290,840	*296,300	*296,500	*299,360	*301,
Rateable Value ..	£1,871,483	£1,878,688	£1,905,871	£1,877,5[illegible]8	£1,921,277	£1,951,992	£1,985,454	£2,022,864	£2,055,181	£2,094
Estimated Produce of a Penny Rate ..	£7,388	£7,442	£7,587	£7,486	£7,657	£7,757	£7,667	£7,958	£8,121	£8,3
Births:—										
Still Births ..	120	134	115	108	66	88	87	89	104	10
Live Births ..	4,383	4,911	5,381	4,679	4,435	4,266	4,387	4,241	4,354	4,29
Legitimate ..	3,878	4,592	5,157	4,482	4,247	4,018	4,155	4,029	4,139	4,10
Illegitimate ..	625	453	339	305	254	248	232	212	215	19
TOTAL	4,503	5,045	5,496	4,787	4,501	4,354	4,474	4,330	4,458	4,39
Live Birth Rate (per 1,000 population) ..	18·0	19·0	20·3	17·1	16·1	14·6	14·8	14·3	14·5	14
Still Birth Rate (per 1,000 total births)	26·6	26·5	20·9	22·5	14·6	20·2	19·4	20·5	23·3	23
Live Birth Rate (England & Wales)	16·1	19·1	20·5	17·9	16·7	15·8	15·5	15·3	15·5	15
Deaths:—										
Total Deaths (all ages)	3,180	3,270	3,418	3,179	3,459	3,629	3,878	3,435	3,615	3,4
Death Rate (per 1,000 population) ..	13·0	12·6	12·8	11·6	12·5	12·4	13·0	11·5	12·0	11
Death Rate (England and Wales) ..	11·4	11·5	12·0	10·8	11·7	11·6	12·5	11·3	11·4	11
Infant Mortality:—										
Deaths under 1 year of age	181	173	148	122	110	103	116	100	104	
Legitimate ..	151	151	134	111	91	96	109	94	97	
Illegitimate ..	30	22	14	11	19	7	7	6	7	
Mortality Rate (per 1,000 Legitimate live births) ..	39·9	33·7	26·5	25·3	21·5	23·8	26·2	24·8	23·4	22
Mortality Rate (per 1,000 Illegitimate live births) ..	49·7	50·6	42·0	36·6	76·3	28·2	30·1	28·3	32·5	20
Mortality Rate (per 1,000 live births)	41	35	27	26	24	24	26	23	23	
Mortality Rate (England & Wales)	46	43	41	34	32	29	29	27	26	25
Maternal Mortality:—										
Maternal Deaths ..	5	12	6	4	2	3	3	4	5	
Maternal Mortality Rate (per 1,000 births)	1·1	2·3	1·09	0·83	0·44	0·68	0·67	0·92	1·1	0·
TUBERCULOSIS.										
Deaths.										
All forms	110	110	114	103	80	80	57	62	45	
Death-rate per 1,000 population ..	0·45	0·42	0·42	0·37	0·29	0·27	0·19	0·20	0·15	0
Pulmonary	91	85	91	89	65	72	47	57	39	
Death-rate per 1,000 population ..	0·37	0·32	0·34	0·32	0·24	0·24	0·16	0·19	0·13	0
Non-Pulmonary ..	19	25	23	14	15	8	10	5	6	
Death-rate per 1,000 population ..	0·07	0·09	0·08	0·05	0·05	0·02	0·03	0·01	0·02	0
Notifications:—										
All forms	209	216	270	214	224	231	266	217	209	
Pulmonary	156	163	216	164	169	184	225	177	163	
Non-Pulmonary ..	53	53	54	50	55	47	41	40	46	
Notification Register as at 31st December:—										
All forms	1,117	1,178	1,257	1,277	1,202	1,266	1,448	1,564	1,667	1,
Pulmonary:										
Males	482	505	549	553	553	574	647	697	750	
Females ..	330	340	387	395	379	404	493	534	582	
Non-Pulmonary:										
Males	151	171	161	167	148	158	165	175	178	
Females	154	162	160	162	122	130	143	158	157	

* *Includes non-civilians.*

† *Includes one at age* 45 *where the interval between maternal condition and death was stated to exceed 12 months.*

Please leave open when referring to Tables 2, 3 and 4.

Causes of Death.	Totals U.D.'s		Totals R.D.'s		Totals whole County, 1954	Comparable Totals, 1953	Blandford Forum M.B.		Bridport M.B.		Dorchester M.B.		Lyme Regis M.B.		Portland U.D.		Shaftesbury M.B.		Sherborne U.D.		Swanage U.D.		Wareham M.B.		Weymouth and Melcombe Regis M.B.		Wimborne Minster U.D.	
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	16	13	5	3	37	39	—	1	1	1	1	—	—	—	1	—	—	—	1	—	1	—	—	—	2	1	—	—
2. Tuberculosis, other	—	2	—	2	4	6	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
3. Syphilitic disease	4	4	2	2	12	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping cough	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	—	—	1	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	1	1	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	2	—	1	1	4	7	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	—	6	8	—	—
10. Malignant neoplasm, stomach	39	24	27	10	100	90	—	—	3	1	2	1	2	—	3	1	—	—	1	—	2	—	2	—	8	1	2	—
11. Malignant neoplasm, lung, bronchus	41	8	26	7	82	83	—	—	1	—	2	1	1	—	—	—	2	—	—	—	—	3	—	2	—	3	—	—
12. Malignant neoplasm, breast	—	50	—	19	69	69	—	1	—	2	—	4	—	1	—	2	—	—	—	—	—	—	—	1	—	5	—	—
13. Malignant neoplasm, uterus	—	14	—	6	20	28	—	1	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Other malignant and lymphatic neoplasms	109	113	64	55	341	373	2	2	7	4	4	7	3	2	5	7	2	2	5	4	3	3	4	2	17	20	5	1
15. Leukaemia, aleukaemia	5	1	1	3	10	20	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—
16. Diabetes	6	8	3	3	20	25	—	1	—	1	—	1	—	—	—	—	—	—	—	1	1	—	—	—	1	1	—	—
17. Vascular lesions of nervous system	152	230	69	108	559	513	4	7	8	10	5	13	2	2	6	5	3	4	5	5	9	6	4	9	28	51	5	—
18. Coronary disease, angina	200	104	106	59	469	519	3	1	12	6	11	5	5	3	10	3	2	2	6	3	3	3	2	2	38	20	6	—
19. Hypertension with heart disease	23	26	9	11	69	68	—	—	1	—	1	2	1	3	—	—	3	—	—	1	3	—	—	2	4	2	—	—
20. Other heart disease	131	216	119	140	606	659	1	5	3	33	9	12	2	1	8	17	2	2	2	3	8	23	5	6	34	24	3	—
21. Other circulatory disease	55	61	36	31	183	161	—	—	—	5	2	2	2	2	1	2	1	2	3	4	1	2	—	1	10	6	5	—
22. Influenza	2	1	3	1	7	56	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23. Pneumonia	49	36	25	14	124	123	2	1	2	3	3	4	—	—	4	1	2	1	2	1	1	1	5	3	12	13	1	—
24. Bronchitis	49	18	29	6	102	131	—	1	3	—	—	2	1	—	7	2	1	—	—	—	2	2	1	—	10	2	2	—
25. Other diseases of respiratory system	13	3	13	6	35	41	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—
26. Ulcer of stomach and duodenum	21	13	5	5	44	37	1	—	—	—	1	—	1	—	2	—	—	—	1	—	—	—	—	—	1	2	—	—
27. Gastritis, enteritis and diarrhoea	5	5	2	2	14	19	—	—	—	—	—	1	—	1	—	—	1	—	—	—	—	—	—	—	2	1	2	—
28. Nephritis and nephrosis	15	10	6	15	46	39	—	—	—	1	2	1	—	1	1	—	—	—	1	—	1	—	—	—	5	—	—	—
29. Hyperplasia of prostate	28	—	8	—	36	39	—	—	1	—	4	—	—	—	2	—	1	—	—	—	—	—	—	—	—	1	—	—
30. Pregnancy, childbirth, abortion	—	2	—	1	3	5	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations	8	12	3	4	27	21	1	—	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	2	—	—
32. Other defined and ill-defined diseases	90	92	49	48	279	305	—	3	3	9	7	10	2	2	7	6	—	2	2	2	1	2	4	2	15	16	1	1
33. Motor vehicle accidents	9	—	12	5	26	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
34. All other accidents	21	28	16	8	73	55	1	1	—	—	1	2	—	1	1	—	—	—	—	2	1	—	2	1	3	7	—	—
35. Suicide	14	14	12	1	41	40	1	1	1	—	1	1	—	—	1	2	—	—	—	—	—	1	—	—	5	2	1	—
36. Homicide and operations of war	1	—	—	—	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All Causes	1,109	1,110	651	577	3,447	3,615	17	26	47	78	57	73	22	20	61	50	20	16	29	34	41	46	32	33	208	194	37	41
Deaths of infants under 1 year:—																												
Total	38	30	19	11	98	104	2	1	—	1	1	—	—	—	6	3	1	1	—	2	—	—	1	—	6	7	—	—
Legitimate	38	29	19	8	94	97	2	1	—	1	1	—	—	—	6	3	1	1	—	2	—	—	1	—	6	7	—	—
Illegitimate	—	1	—	3	4	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Live Births:—																												
Total	1,331	1,248	902	816	4,297	4,354	35	32	40	49	87	80	19	16	93	84	28	29	46	34	47	39	33	27	288	272	28	26
Legitimate	1,270	1,199	857	777	4,103	4,139	34	30	39	46	84	77	19	13	87	82	28	28	43	34	44	39	32	27	278	260	26	24
Illegitimate	61	49	45	39	194	215	1	2	1	3	3	3	—	3	6	2	—	1	3	—	3	—	1	—	10	12	2	2
Still Births:—																												
Total	35	22	25	20	102	104	3	1	—	2	4	—	1	1	—	2	—	—	—	—	—	1	—	—	6	4	—	—
Legitimate	33	22	23	20	98	94	2	1	—	2	4	—	—	1	—	2	—	—	—	—	—	1	—	—	6	4	—	—
Illegitimate	2	—	2	—	4	10	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Estimated 'Home' population, 1954 (which includes non-civilians)	188,070		113,430		301,500	—	3,620		6,660		11,750		3,030		15,630		3,470		7,340		7,020		2,770		37,760		4,48	
Estimated 'Home' population, 1953 (which includes non-civilians)	185,800		113,560		—	299,360	3,657		6,397		11,610		2,995		15,840		3,445		7,193		6,874		2,754		37,040		4,47	

	Beaminster R.D.		*Blandford R.D.*		*Bridport R.D.*		*Dorchester R.D.*		*Shaftesbury R.D.*		*Sherborne R.D.*		*Sturminster R.D.*		*Wareham and Purbeck R.D.*		*Wimborne and Cranborne R.D.*	
F	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*
10	2	—	—	1	—	—	2	—	—	—	1	—	—	—	—	1	—	1
1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
1	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	—	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—
12	1	1	5	—	2	—	3	1	3	—	3	1	3	1	4	2	3	4
6	2	2	2	—	2	1	5	1	3	—	2	—	1	—	4	—	5	3
25	—	1	—	2	—	2	—	3	—	—	—	—	—	1	—	4	—	6
4	—	2	—	—	—	—	—	—	—	1	—	—	—	1	—	2	—	—
53	9	3	3	3	3	6	10	8	6	7	2	4	—	6	16	5	15	13
—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2
3	—	1	—	—	—	—	1	1	—	—	—	—	1	—	—	—	1	1
112	2	5	8	6	4	8	9	14	10	13	3	5	6	10	13	18	14	29
50	9	1	7	1	10	8	19	10	11	7	1	2	12	5	7	9	30	16
15	—	—	—	1	4	2	1	2	1	1	—	—	—	—	1	1	2	4
83	8	7	18	8	6	11	34	41	9	5	2	4	19	26	9	19	14	19
25	5	—	2	—	6	1	4	7	2	3	3	2	1	1	3	3	10	14
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—	—
9	4	—	1	1	4	2	6	4	3	1	2	1	1	2	3	3	1	—
8	2	1	—	—	1	—	5	—	3	—	4	—	3	—	8	—	3	5
2	1	—	—	1	1	1	3	2	1	1	2	—	—	—	2	1	3	—
7	1	—	1	—	—	1	1	1	—	1	—	—	—	—	1	1	1	1
3	—	—	1	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—
6	—	—	1	1	—	—	1	1	—	1	—	2	—	1	—	6	4	3
—	1	—	—	—	2	—	2	—	1	—	—	—	—	—	1	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
6	—	—	—	1	—	1	1	—	1	—	—	—	—	2	—	—	1	—
36	3	4	1	2	4	4	12	8	2	3	5	5	5	3	5	5	12	14
—	—	—	1	1	—	—	1	1	2	—	—	2	2	1	2	—	4	—
14	2	—	4	—	—	—	6	4	—	—	1	—	—	1	3	—	—	3
6	—	—	—	—	3	—	4	—	—	—	—	—	2	1	—	—	3	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
497	52	29	55	30	52	48	134	109	58	45	32	29	56	62	85	86	127	139
15	1	—	—	—	1	2	4	2	3	2	1	—	1	3	5	1	3	1
14	1	—	—	—	1	2	4	1	3	1	1	—	1	3	5	1	3	—
1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1
252	62	67	96	100	49	30	150	133	93	81	56	37	84	78	159	150	153	140
229	57	66	89	99	46	30	146	123	88	76	53	36	83	75	153	145	142	127
23	5	1	7	1	3	—	4	10	5	5	3	1	1	3	6	5	11	13
10	—	1	5	1	2	3	4	3	6	3	—	—	1	2	3	3	4	4
10	—	1	5	1	2	3	4	3	6	3	—	—	1	2	2	3	3	4
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
	8,140		12,990		7,490		17,260		9,820		5,750		9,780		20,030		22,170	
	8,091		13,510		7,669		17,490		10,240		5,850		9,710		19,310		21,690	

Table 3—Causes of Death at Different Periods of Life in the Administrative County of Dorset

Aggregate of Urban Districts.

	0—		1—		5—		15—		25—		45—		65—		75—	
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*
1	—	—	—	—	—	—	—	1	2	2	9	9	2	1	3	—
2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
3	—	—	—	—	—	—	—	—	—	—	2	—	1	3	1	1
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
10	—	—	—	—	—	—	—	—	1	—	8	5	14	6	16	13
11	—	—	—	—	—	—	—	—	2	1	20	2	12	4	7	1
12	—	—	—	—	—	—	—	—	—	5	—	19	—	15	—	11
13	—	—	—	—	—	—	—	—	—	3	—	5	—	3	—	3
14	—	—	—	—	—	1	1	—	7	3	32	33	29	41	40	35
15	—	—	1	—	—	—	—	—	2	—	1	—	1	1	—	—
16	—	—	—	—	—	—	—	—	1	—	—	2	2	3	3	3
17	—	—	—	—	—	—	—	—	1	4	20	33	49	58	82	135
18	—	—	—	—	—	—	—	—	5	—	57	187	81	40	57	46
19	—	—	—	—	—	—	—	—	—	—	4	2	10	7	9	17
20	—	—	—	—	—	—	1	1	2	—	15	13	26	34	87	168
21	—	—	—	—	—	—	—	—	1	2	7	3	10	9	37	47
22	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	—
23	6	3	4	—	1	—	—	—	2	—	7	2	8	7	21	24
24	—	—	—	—	—	—	—	—	—	—	18	3	15	5	16	10
25	—	—	—	—	1	—	—	—	1	1	7	1	1	—	3	1
26	—	—	—	—	—	—	—	—	1	—	4	3	7	3	9	7
27	—	—	1	—	—	—	—	1	—	—	—	—	2	1	2	3
28	—	—	—	—	1	—	1	1	1	2	2	1	3	2	7	4
29	—	—	—	—	—	—	—	—	—	—	4	—	4	—	20	—
30	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—
31	7	11	—	—	—	—	—	—	—	1	1	—	—	—	—	—
32	24	14	—	2	2	—	2	—	6	2	26	16	17	23	13	35
33	—	—	—	—	1	—	2	—	3	—	2	—	1	—	—	—
34	1	1	—	3	—	—	3	—	2	1	6	4	4	3	5	16
35	—	—	—	—	—	—	—	—	5	2	5	4	4	7	—	1
36	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
	38	30	6	5	6	1	10	4	46	31	259	180	303	278	441	581

TABLE 3 (*cont.*)

Aggregate of Rural Districts.

0—		1—		5—		15—		25—		45—		65—		75—		
M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	
—	—	—	—	—	—	—	—	2	—	2	1	1	2	—	—	1
—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	2
—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	6
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	9
—	—	—	—	—	—	—	—	—	1	10	2	11	2	6	5	10
—	—	—	—	1	—	—	—	2	—	17	3	4	4	2	—	11
—	—	—	—	—	—	—	—	—	—	—	6	—	2	—	11	12
—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	2	13
—	—	—	—	—	1	1	—	4	1	14	21	18	13	27	19	14
—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	1	15
—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	3	16
—	—	—	—	—	—	—	—	1	—	19	17	28	31	21	60	17
—	—	—	—	—	—	—	—	4	—	28	8	43	26	31	25	18
—	—	—	—	—	—	—	—	—	—	3	3	4	4	2	4	19
—	—	—	—	—	—	—	1	1	—	14	7	31	25	73	107	20
—	—	—	—	—	—	—	—	—	—	3	—	8	1	25	30	21
—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	1	22
5	2	1	1	—	—	—	—	1	—	3	—	2	1	13	10	23
—	—	—	—	—	—	—	—	1	—	6	—	9	2	13	4	24
1	—	—	—	—	1	—	—	1	—	1	—	5	2	5	3	25
—	—	—	—	—	—	—	—	—	—	2	1	1	4	2	—	26
—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	27
—	—	—	—	—	—	—	—	—	2	—	4	1	3	5	6	28
—	—	—	—	—	—	—	—	—	—	—	—	3	—	5	—	29
—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	30
1	3	—	—	—	—	—	—	—	1	1	—	—	—	1	—	31
11	6	1	2	—	—	—	—	3	3	5	4	11	11	18	22	32
—	—	—	—	—	—	2	2	3	—	4	1	2	1	1	1	33
1	—	—	1	—	—	3	—	3	—	3	—	2	3	4	4	34
—	—	—	—	—	—	1	—	1	—	6	—	3	1	1	—	35
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	36
19	11	2	4	1	2	7	3	27	11	145	83	192	142	258	321	

Table 4—Causes of Death at all Ages

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
1	91	85	91	89	65	72	47	57	39	37
2	19	25	23	14	15	8	10	5	6	4
3	14	12	8	11	9	11	11	9	4	12
4	3	3	—	—	—	—	—	—	—	—
5	1	5	1	3	4	—	3	—	1	1
6	3	—	1	4	2	2	2	—	1	1
7	3	1	5	—	7	18	2	1	2	2
8	1	—	1	—	2	—	2	—	1	—
9	1	3	3	5	5	18	7	9	7	4
10	78	87	104	100	93	90	80	88	90	100
11	N.K.	N.K.	N.K.	N.K.	N.K.	68	71	93	83	82
12	44	64	59	48	65	50	67	64	69	69
13	30	30	22	31	29	34	29	20	28	20
14	325	288	310	346	370	348	306	323	373	341
15	N.K.	N.K.	N.K.	N.K.	N.K.	17	20	21	20	10
16	27	29	37	27	28	27	27	19	25	20
17	387	406	411	403	451	475	530	527	513	559
18						449	488	505	519	469
19	976	1,005	1,082	1,026	1,204	93	88	81	68	69
20						715	820	627	659	606
21	75	125	120	135	135	167	175	150	161	183
22	6	25	19	6	29	20	95	6	56	7
23	105	122	133	79	113	124	160	97	123	124
24	146	115	139	109	111	120	145	85	131	102
25	39	46	38	51	53	41	42	36	41	35
26	35	27	33	41	32	45	33	30	37	44
27	91	79	103	72	61	13	14	10	19	14
28	98	104	103	76	76	44	50	54	39	46
29	N.K.	N.K.	N.K.	N.K.	N.K.	42	53	47	39	36
30	5	12	6	4	2	3	3	4	5	3
31	71	86	86	81	47	32	36	33	21	27
32	383	354	344	295	341	357	329	322	305	279
33	21	30	37	33	25	40	31	23	30	26
34	81	71	66	57	58	66	64	53	55	73
35	21	31	33	33	27	20	36	35	40	41
36	N.K.	N.K.	N.K.	N.K.	N.K.	—	2	1	5	1

TABLE 5—NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1945	*1946*	*1947*	*1948*	*1949*	*1950*	*1951*	*1952*	*1953*	*1954*
Scarlet Fever	248	201	147	226	211	194	172	125	188	184
Whooping Cough	520	923	825	1,339	819	1,386	1,492	866	1,125	878
Diphtheria (including Membranous Croup)	17	20	11	4	3	1	—	1	—	1
Measles (excluding Rubella)	3,056	899	3,232	1,571	3,761	1,545	4,709	950	4,900	102
Acute Pneumonia (Primary or Influenzal)	238	240	182	197	200	222	307	191	296	211
Meningococcal Infection	19	18	26	14	6	5	4	5	5	4
Acute Poliomyelitis	19	5	64	16	64	111	33	24	150	27
Acute Polioencephalitis	2	—	6	3	4					
Acute Encephalitis	4	5	2	—	1	1	1	—	2	2
Dysentery	137	66	48	27	23	21	192	115	68	68
Ophthalmia Neonatorum	13	10	16	16	3	12	4	1	1	1
Puerperal Pyrexia	19	27	29	38	21	25	44	80	76	58
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	1	—	—	1	2	1	3	3	3	1
Enteric or Typhoid Fever (excluding Paratyphoid)	2	1	—	6	—	—	1	—	2	—
Food Poisoning (excluding Dysentery, Typhoid and Paratyphoid)	—Not Notifiable				88	74	34	18	23	35
Erysipelas	70	88	45	65	82	55	63	43	40	46
Malaria—Believed to be contracted in this country	4	—	—	1	—	—	—	—	—	—
Malaria—Believed to be contracted abroad	2	6	1	—	1	7	2	8	5	2
Malaria—Induced in Institutions	—	—	—	—	—	—	—	—	—	—

TABLE 6—ANTE-NATAL AND POST-NATAL CLINICS, 1954

Name of Clinic.	*Average Attendance per session.*	*New Cases.*		*Attendances.*		*Total Attendances.*	*No. of Openings.*
		Ante-Natal.	*Post-Natal.*	*Ante-Natal.*	*Post-Natal.*		
Beaminster	·64	3	3	6	3	9	14
Blandford	8·6	73	6	200	7	207	24
Bridport	1·0	3	1	19	1	20	20
Dorchester	6·6	83	18	424	30	454	69
Wareham	2·6	24	8	54	9	63	24
Wimborne	5·7	31	15	114	22	136	24
Poole Area							
Branksome	2·7	6	2	20	2	22	8
Old Town	6·8	21	16	66	16	82	12
South Dorset Area							
Portland	—	—	—	—	—	—	—
Weymouth	—	—	91	—	91	91	—
TOTALS	—	244	160	903	181	1,084	195

TABLE 7—SUMMARY OF ANTE-NATAL AND POST-NATAL CLINICS, 1950—1954

Name of Clinic	1950			1951			1952			1953			1954		
	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session
Beaminster ..	27	12	2·2	28	12	2·3	40	12	3·3	37	12	3·0	9	14	·64
Blandford ..	263	21	12·5	161	21	7·6	194	22	8·8	335	23	14·6	207	24	8·6
Bridport ..	122	20	6·1	35	23	1·5	27	22	1·2	38	21	1·8	20	20	1·0
Dorchester ..	709 44	83 11	8·5 4·0	552 37	75 10	7·3 3·7	517 13	71 7	7·2 1·8	467	68	6·9	454	69	6·6
Swanage ..	24	14	1·7	24	12	2·0	—	2	—	—	—	—	—	—	—
Wareham ..	118	24	4·9	112	24	4·6	80	22	3·6	81	23	3·5	63	24	2·6
Wimborne ..	170	21	8·0	136	21	6·4	95	22	4·3	117	21	5·6	136	24	5·7
Poole	276 24	49 11	5·6 2·1	240	47	5·1	131	36	3·6	115	12	9·6	82	12	6·8
Branksome ..	370 38	51 16	7·2 2·3	285	49	5·8	165	34	4·8	36	12	3·0	22	8	2·7
Portland ..	23	15	1·5	—	—	—	—	—	—	—	—	—	—	—	—
Weymouth ..	92	35	2·6	49	15	3·2	37	3	12·3	124	—	—	91	—	—
TOTALS ..	2,300	383	—	1,659	309	—	1,299	253	—	1,350	192	—	1,084	195	—

The second group of figures bracketted at any one clinic refers to a separate post-natal clinic.

TABLE 8—ATTENDANCES AT WELFARE CENTRES DURING 1954.

Centre.	Average Attendance per Session.	New Cases					Attendances.				Number of Openings.
		Born in				Under 1 year.	Under 1 year.	1—2 years.	2—5 years.	Totals	
		1954	1953	1949-52	Totals						
Beaminster ..	25·8	26	24	50	100	32	285	146	188	619	24
Bere Regis ..	18·9	13	13	24	50	16	101	45	81	227	12
Blackdown ..	13·3	15	1	7	23	13	77	37	32	146	11
Blandford ..	31·2	35	48	65	148	45	332	174	243	749	24
Bridport ..	24·3	60	57	111	228	73	737	202	278	1,217	50
Dorchester ..	41·5	197	167	173	537	223	2,125	308	305	2,738	66
Ferndown ..	39·0	55	34	29	118	54	497	236	204	937	24
Gillingham ..	25·3	48	35	15	98	54	381	121	105	607	24
Handley	23·1	15	22	29	66	20	82	73	122	277	12
Lyme Regis ..	15·2	26	10	14	50	29	238	65	61	364	24
Milton Abbas ..	13·1	14	17	22	53	21	75	24	58	157	12
Shaftesbury ..	14·9	39	21	16	76	55	266	45	47	358	24
Sherborne ..	35·3	80	77	112	269	101	1,215	323	263	1,801	51
Sturminster Newton	14·9	29	28	14	71	43	210	61	42	313	21
Swanage ..	21·9	54	54	88	196	68	680	170	247	1,097	50
Upton	38·6	30	30	65	125	29	393	189	307	889	23
Verwood ..	25·5	18	33	38	89	30	319	111	181	611	24
Wareham ..	45·9	62	76	108	246	79	1,235	434	671	2,340	51
Wimborne ..	40·9	72	51	68	191	79	1,086	419	584	2,089	51
Wool	23·8	28	28	22	78	31	359	129	83	571	24
Poole Area.											
Branksome ..	32·9	166	146	127	439	195	2,608	537	245	3,390	103
Broadstone ..	27·6	24	32	56	112	31	253	188	221	662	24
Canford Magna ..	18·3	14	8	20	42	18	62	36	85	183	10
Creekmoor ..	23·5	21	15	41	77	24	200	97	266	563	24
Hamworthy ..	33·2	46	40	78	164	56	422	153	221	796	24
Longfleet ..	37·1	40	39	62	141	53	492	186	212	890	24
Lower Parkstone ..	25·5	36	30	40	106	41	402	129	81	612	24
Newtown ..	50·7	53	56	77	186	74	672	291	254	1,217	24
Oakdale ..	46·3	63	60	113	236	77	628	187	249	1,064	23
Old Town ..	27·4	53	79	115	247	79	800	319	281	1,400	51
Rossmore	28·6	58	44	35	137	62	871	266	240	1,377	48
St. Aldhelms ..	22·7	25	25	25	75	29	245	112	97	454	20
Wallisdown ..	35·0	54	40	51	145	63	496	154	190	840	24
Waterloo	73·2	51	96	187	334	92	836	537	676	2,049	28
South Dorset Area.											
Broadwey ..	24·7	43	40	86	169	49	759	238	212	1,209	49
Chickerell ..	11·5	27	18	28	73	31	381	100	92	573	50
Portland Tophill ..	44·3	86	58	100	244	91	1,438	419	400	2,257	51
Portland Underhill ..	51·0	89	72	110	271	100	1,781	543	327	2,651	52
Preston	8·8	15	23	35	73	19	237	103	120	460	52
Weymouth ..	39·2	250	169	134	553	283	3,105	563	365	4,033	103
Wyke Regis ..	48·0	102	110	79	291	129	1,893	374	228	2,495	52
TOTALS ..		2,232	2,026	2,669	6,927	2,691	29,274	8,844	9,164	47,282	1,462

Table 9—Summary of Attendances at Welfare Centres, 1950—1954

Name of Centre	1950			1951			1952			1953			1954		
	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	o. of Openings	Average Attendance per Session
Beaminster ..	498	24	20·7	587	24	24·4	534	24	22·2	572	24	23·8	619	24	25·8
Bere Regis ..	236	12	19·6	324	12	27·0	218	12	18·1	168	12	14·0	227	12	18·9
Blackdown ..	43	11	3·9	175	10	17·5	95	9	10·5	95	7	13·6	146	11	13·3
Blandford ..	991	24	41·2	929	24	38·7	832	24	34·6	929	24	38·7	749	24	31·2
Bridport ..	1,746	51	34·2	1,576	51	30·9	1,550	49	31·6	1,459	50	29·2	1.217	50	24·3
Dorchester ..	2,793	51	54·7	2,738	51	53·6	2,710	57	47·5	2,603	63	41·3	2,738	66	41·5
Ferndown ..	630	24	26·2	767	24	31·9	738	24	30·7	853	24	35·5	937	24	39·0
Gillingham ..	448	24	18·6	482	22	21·9	519	23	22·5	547	24	22·8	607	24	25·3
Handley ..	179	12	14·9	254	12	21·1	236	12	19·6	273	12	22·7	277	12	23·1
Lyme Regis ..	378	23	16·4	306	23	13·3	223	24	9·2	299	25	11·9	364	24	15·2
Milton Abbas ..	234	22	10·6	223	24	9·2	172	24	7·1	142	17	8·3	157	12	13·1
Shaftesbury ..	195	23	8·4	263	24	10·9	255	24	10·6	326	23	14·2	358	24	14·9
Sherborne .	1,143	51	22·4	952	51	18·6	1,097	53	20·6	1,383	51	27·1	1,801	51	35·3
Sturminster Newton ..	675	48	14·0	685	50	13·7	400	40	10·0	335	23	14·6	313	21	14·9
Swanage ..	1,448	51	28·3	1,105	51	21·6	1,169	50	23·3	1,078	50	21·6	1,097	50	21·9
Upton ..	1,018	24	42·4	1,020	24	42·5	948	22	43·0	1,102	23	47·9	889	23	38·6
Verwood ..	495	24	20·6	575	24	23·9	572	23	24·8	499	23	21·7	611	24	25·5
Wareham ..	2,523	51	49·4	2,052	52	39·4	2,353	50	47·0	2,153	52	41·4	2,340	51	45·9
Wimborne ..	1,998	51	39·1	1,886	51	36·9	2,389	53	45·0	2,048	51	40·2	2,089	51	40·9
Wool	800	24	33·3	737	24	30·7	788	24	32·8	579	24	24·1	571	24	23·8
Poole Area															
Branksome ..	4,725	99	47·7	4,194	102	41·7	4,139	102	40·5	3,564	104	34·3	3,390	103	32·9
Broadstone ..	446	12	37·1	521	12	43·4	573	13	44·0	729	23	31·7	662	24	27·6
Canford Cliffs ..	189	11	17·1	157	11	14·2	151	11	13·7	—	—	—	—	—	—
Canford Magna ..	—	—	—	—	—	—	—	—	—	—	—	—	183	10	18·3
Creekmoor ..	176	12	14·6	229	12	19·0	400	12	33·3	948	24	39·5	563	24	23·5
Hamworthy ..	834	23	36·2	789	23	34·3	946	24	39·4	842	24	35·0	796	24	33·2
Longfleet ..	1,030	24	42·9	1,008	24	42·0	900	24	37·5	886	24	36·9	890	24	37·1
Lower Parkstone	411	24	17·1	689	24	28·7	734	24	30·5	605	24	29·4	612	24	25·5
Newtown ..	1,393	24	58·0	1,437	24	59·8	1,585	24	66·0	1,377	24	57·4	1,217	24	50·7
Oakdale ..	1,291	24	53·7	1,286	24	53·5	1,145	24	47·7	1,090	24	45·4	1,064	23	46·3
Old Town ..	1,337	51	26·2	1,470	50	29·4	1,817	52	34·9	1,619	53	30·5	1,400	51	27·4
Rossmore ..	1,231	24	51·2	1,387	36	38·5	1,466	48	30·5	1,285	49	26·2	1,377	48	28·6
St. Aldhelms ..	—	—	—	—	—	—	—	—	—	131	7	18·7	454	20	22·7
Wallisdown ..	327	12	27·2	769	18	42·7	940	23	40·8	696	23	30·3	840	24	35·0
Waterloo ..	—	—	—	—	—	—	—	—	—	107	3	35·6	2,049	28	73·2
South Dorset Area															
Broadwey ..	2,086	48	43·4	1,714	49	34·9	1,597	51	31·3	1,382	48	28·8	1,209	49	24·7
Chickerell ..	656	51	12·8	699	51	13·7	620	50	12·4	587	50	11·7	573	50	11·5
Portland Tophill	2,085	51	40·8	1,780	52	34·2	2,226	50	44·5	2,111	50	42·2	2,257	51	44·3
Portland Underhill	1,347	51	26·4	1,387	52	26·6	1,823	53	34·3	2,440	51	47·8	2,651	52	51·0
Preston ..	752	51	14·7	637	51	12·4	675	52	12·9	657	52	12·6	460	52	8·8
Weymouth ..	4,874	103	47·3	4,755	102	46·6	4,938	104	47·4	4,408	101	43·6	4,033	103	39·2
Wyke Regis ..	1,508	50	30·1	1,637	51	32·0	2,056	52	39·5	2,284	52	43·9	2,495	52	48·0
Totals ..	45,169	1,370	—	44,181	1,396	—	46,529	1,414	—	45,191	1,412	—	47,282	1,462	—

TABLE 10—MIDWIFERY NURSING STAFF, 1950—1954

Staff	1950		1951		1952		1953		1954	
	Full-time	*Part-time*	*Full-time*	*Part-time*	*Full-time*	*Part-time*	*Full-time*	*Part-time*	*Full-time*	*Part-time*
Administrative	—	4	—	4	—	4	—	4	—	4
Queen's Nurse, State Certified Midwife	—	36	—	37	—	40	—	39	—	40
State Registered Nurse, State Certified Midwife ..	12	8	11	4	11	5	11	4	11	4
State Certified Midwife	2	12	2	10	2	9	2	9	2	10
Equivalent whole-time midwifery nursing staff (omitting administrative staff)	42		38·5		40		39		39·5	
Midwifery training completed in conjunction with the West Dorset Group Hospital Management Committee, arranged through Dorset County Nursing Association	13		14		15		14		22	

TABLE 11—DETAILS OF MIDWIVES PRACTISING IN THE AREA OF THE LOCAL SUPERVISING AUTHORITY AT THE END OF EACH YEAR FROM 1950—1954

	Domiciliary Midwives					*Midwives in Institutions*					*Totals*				
	1950	*1951*	*1952*	*1953*	*1954*	*1950*	*1951*	*1952*	*1953*	*1954*	*1950*	*1951*	*1952*	*1953*	*1954*
Midwives employed by the Authority ..	14	13	13	13	13	—	—	—	—	—	14	13	13	13	13
Midwives employed by Voluntary Organisations:															
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	57	51	54	52	53	—	—	—	—	—	57	51	54	52	53
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	68	61	53	53	53	68	61	53	53	53
Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	29	18	7	20	6	10	4	4	4	4	39	22	11	24	10
TOTALS ..	100	82	74	85	72	78	65	57	57	57	178	147	131	142	129

TABLE 12—SUMMARY OF MIDWIFERY CASES ATTENDED, 1950—1954

Cases attended by midwives in the employment of :—			*1950*	*1951*	*1952*	*1953*	*1954*
The County Council:	Domiciliary	Midwifery	401	528	496	405	569
		Maternity	412	234	210	163	194
The County Nursing Association:	Domiciliary	Midwifery	549	608	583	618	556
		Maternity	312	284	243	280	239
	Institutional	Midwifery	—	6	—	—	—
		Maternity	—	5	—	—	—
Hospitals:	Domiciliary	Midwifery	5	2	—	—	—
		Maternity	2	—	—	—	—
	Institutional	Midwifery	1,291	1,723	1,278	1,692	1,802
		Maternity	910	569	1,238	818	664
Midwives in Private Practice (including midwives employed in Nursing Homes):	Domiciliary	Midwifery	2	7	—	—	7
		Maternity	29	43	32	34	19
	Institutional	Midwifery	22	28	33	46	36
		Maternity	57	17	31	24	21
TOTALS			3,992	4,054	4,144	4,080	4,107

TABLE 13—HEALTH VISITING STAFF, 1950—1954

Employed by (1)	*Number of Health Visitors employed at end of year*										*Equivalent Whole-time Health Vis services provided under Col. (3) classes including attendance at C Welfare Centres)* (4)			
	Whole-time on Health Visiting (2)					*Part-time on Health Visiting* (3)								
	1950	*1951*	*1952*	*1953*	*1954*	*1950*	*1951*	*1952*	*1953*	*1954*	*1950*	*1951*	*1952*	*1953*
Local Health Authority	—	—	—	—	—	32	32	32	33	33	$23\frac{3}{11}$	$23\frac{3}{11}$	$23\frac{3}{11}$	$23\frac{7}{22}$
Voluntary Organisations	—	—	—	—	—	3	3	3	3	3	1	1	1	1

TABLE 14—NUMBER OF CHILDREN AT 31.12.54 WHO HAD COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION AT ANY TIME BEFORE THAT DATE

	Children under 5 years of age at 31.12.54						Estimated mid-year population, 1954, Children 0—4 years	Children 5—15 years of age at 31.12.54			Estimated mid-year population, 1954, Children 5—15 years	Total Number of Children under 15 years immunised
	Under 1	1	2	3	4	Totals		5—9	10—14	Totals		
ninster R.D. ..	9	63	75	74	102	323		534	557	1,091		1,414
dford B.	3	36	33	51	46	169		298	172	470		639
dford R.D. ..	17	119	110	145	151	542		706	516	1,222		1,764
port B.	9	81	89	86	77	342		513	432	945		1,287
port R.D.	3	69	61	71	91	295		473	426	899		1,194
hester B. ..	—	72	80	112	123	387		719	472	1,191		1,578
hester R.D. ..	9	108	139	171	181	608		1,027	570	1,597		2,205
e Regis B. ..	9	18	16	28	27	98		202	203	405		503
esbury B. ..	2	20	15	18	27	82		226	193	419		501
esbury R.D. ..	9	88	93	90	118	398	21,400	791	579	1,370	44,600	1,768
borne U.D. ..	8	61	66	50	62	247		534	352	886		1,133
borne R.D. ..	5	50	56	60	80	259		585	446	1,031		1,290
minster R.D. ..	2	67	87	85	126	367		738	400	1,138		1,505
age U.D.	2	34	56	47	60	199		465	392	857		1,056
ham B.	4	40	46	40	46	176		235	223	458		634
ham R.D.	10	151	181	197	219	758		1,452	1,255	2,707		3,465
borne U.D. ..	2	38	44	41	49	174		250	117	367		541
borne R.D. ..	23	198	193	218	254	886		1,471	1,092	2,563		3,449
e B.	86	690	764	889	885	3,314		6,400	5,076	11,476		14,790
mouth B.	24	304	365	419	456	1,568		3,621	2,462	6,083		7,651
and U.D. ..	17	108	116	125	118	484		763	587	1,350		1,834
TOTALS ..	253	2,415	2,685	3,017	3,306	11,676		22,003	16,522	38,525		50,201

Percentage of children under 5 years immunised .. .. 54·56
Percentage of children aged 5—15 years immunised .. .. 86·38
Percentage of total number of children under 15 years of age immunised 76·06

TABLE 15—DIPHTHERIA IMMUNISATION, 1950—1954

(at 31st December of the particular year)

ar	Children under 5 years						Estimated mid-year population Children 0—4 years	Children 5—15 years			Estimated population mid-year Children 5—15 years	Total number of children under 15 years immunised	Percentage Immunised
	Under 1	1	2	3	4	Totals		5—9	10—14	Totals			
0	147	2,590	4,752	5,850	3,434	16,773	22,940	16,606	15,281	31,887	38,840	48,660	78·76
1	176	2,648	3,237	4,865	5,919	16,845	23,230	17,315	15,072	32,387	39,910	49,232	77·97
2	149	2,374	3,123	3,394	4,942	13,982	22,100	20,085	14,779	34,864	41,800	48,846	76·44
3	112	1,972	2,867	3,239	3,443	11,633	21,500	21,791	15,885	37,676	43,200	49,309	76·21
4	253	2,415	2,685	3,017	3,306	11,676	21,400	22,003	16,522	38,525	44,600	50,201	76·06

TABLE 16—THE NUMBER OF CHILDREN WHO RECEIVED RE-INFORCING DOSES FOR DIPHTHERIA IMMUNISATION, 1950—1954

Year	Age			
	1—4 years	*5—9 years*	*10—15 years*	*Totals under 15 years*
1950	40	1,948	1,429	3,417
1951	109	2,745	2,038	4,892
1952	60	3,263	1,510	4,833
1953	88	2,930	1,446	4,464
1954	98	3,174	1,865	5,137

TABLE 17—NUMBER OF CHILDREN VACCINATED DURING 1954

District	Age							Totals	
	Under 1 year	*1—4 years*		*5—14 years*		*15 years or over*			
		P	*R*	*P*	*R*	*P*	*R*	*P*	*R*
Beaminster Rural District	39	41	2	3	—	1	—	84	2
Blandford Borough	17	13	—	4	3	—	—	34	3
Blandford Rural District	65	67	20	20	42	3	4	155	66
Bridport Borough	41	18	—	—	3	—	1	59	4
Bridport Rural District	38	29	—	2	1	1	—	70	1
Dorchester Borough	32	41	3	2	1	—	—	75	4
Dorchester Rural District	49	71	—	6	5	1	2	127	7
Lyme Regis Borough	13	14	1	—	5	—	—	27	6
Shaftesbury Borough	10	12	—	—	2	—	—	22	2
Shaftesbury Rural District	44	40	—	2	5	—	1	86	6
Sherborne Urban District	32	27	2	4	11	—	3	63	16
Sherborne Rural District	16	15	1	1	1	—	1	32	3
Sturminster Rural District	18	57	—	3	1	1	—	79	1
Swanage Urban District	10	13	—	3	8	—	—	26	8
Wareham Borough	9	9	—	5	1	—	—	23	1
Wareham Rural District	45	88	4	13	8	—	2	146	14
Wimborne Urban District	25	17	—	1	1	—	—	43	1
Wimborne Rural District	95	83	1	8	8	1	3	187	12
Poole Borough	127	216	2	26	7	8	6	377	15
Weymouth Borough	138	137	4	14	—	2	1	291	5
Portland Urban District	62	41	1	3	—	—	—	106	1
TOTALS	925	1,049	41	120	113	18	24	2,112	178

P—Primary Vaccination. *R*—Re-Vaccination.

TABLE 18—VACCINATION, 1950—1954

Year	Age								Totals	
	Under 1 year		*1—4 years*		*5—14 years*		*15 or over*			
	P	*R*	*P*	*R*	*P*	*R*	*P*	*R*	*P*	*R*
1950	938	—	1,288	42	234	211	245	862	2,705	1,115
1951	1,049	—	1,040	46	259	330	426	1,370	2,774	1,746
1952	889	—	876	77	195	246	315	879	2,275	1,202
1953	765	—	1,031	46	97	135	194	463	2,087	644
1954	925	—	1,049	41	120	113	18	24	2,112	178

P—Primary Vaccination. *R*—Re-Vaccination.

	Item	Depots.															Totals
		Blandford	Bridport	Charmouth	Dorchester	Ferndown	Gillingham	Lyme Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Swanage	Wareham	Weymouth	Wimborne	
PATIENTS CARRIED — Emergency	Maternity	57	96	3	213	31	10	32	187	17	26	10	10	36	304	47	1,079
	Road Accident	30	34	6	83	29	36	18	171	42	43	5	7	32	95	58	689
	Other Emergency	27	121	5	163	22	16	2	499	29	39	6	53	5	422	28	1,437
	Total Emergency	114	251	14	459	82	62	52	857	88	108	21	70	73	821	133	3,205
PATIENTS CARRIED — Routine	Hospital Admissions	148	280	59	561	217	125	130	1,488	151	307	69	182	169	1,197	326	5,409
	Hospital Discharges	46	103	1	675	35	1	17	1,093	25	137	2	87	75	677	124	3,098
	Inter-Hospital Transfers	33	80	—	658	17	5	28	1,126	67	49	—	63	48	721	106	3,001
	Out-Patient Attendances:—																
	Physiotherapy	1	1,468	6	1,596	2	—	—	640	—	804	—	2	56	3,254	161	7,990
	Other	179	1,357	89	2,937	276	11	77	6,629	217	704	16	454	344	3,672	357	17,319
	Corpses	2	5	—	7	2	—	—	16	—	4	—	2	1	11	1	51
	Occupation Centre Attendances	—	—	—	—	—	—	—	13520	—	—	—	—	19	—	3,515	17,054
	Other patients	43	65	2	46	11	3	6	1,617	16	11	2	19	21	175	29	2,066
	Total Routine	452	3,358	157	6,480	560	145	258	26129	476	2,016	89	809	733	9,707	4,619	55,988
	Total Patients	566	3,609	171	6,939	642	207	310	26986	564	2,124	110	879	806	10528	4,752	59,193
JOURNEYS	Patient Carrying	371	1,851	114	4,273	498	186	244	5,659	358	902	96	557	351	6,120	823	22,403
	Occupation Centre	—	—	—	—	—	—	—	1,015	—	—	—	—	2	—	384	1,401
	Other Journeys	9	110	2	217	16	1	6	335	6	25	6	253	15	178	33	1,212
	Total Journeys	380	1,961	116	4,490	514	187	250	7,009	364	927	102	810	368	6,298	1,240	25,016
MILEAGE	Patient Carrying	13223	31231	3,158	72169	10516	9,306	7,200	80947	10068	23286	4,500	11869	13264	85782	19878	396,397
	Occupation Centre	—	—	—	—	—	—	—	15930	—	—	—	—	61	—	14447	30,438
	Other Mileage	89	859	6	1,606	238	26	78	2,325	51	319	87	638	196	971	335	7,824
	Total Mileage	13312	32090	3,164	73775	10754	9,332	7,278	99202	10119	23605	4,587	12507	13521	86753	34660	434,659
	Night Journeys (between 1800—1900 hours)	91	132	15	413	80	74	56	837	68	80	20	64	54	910	104	2,998
	Stretcher Cases	287	619	66	2,077	497	159	221	4,611	315	432	82	546	365	4,544	807	15,628
	Sitting Cases	279	2,990	105	4,862	145	48	89	22375	249	1,692	28	333	441	5,984	3,945	43,565
	*Patients Per Journey	1·53	1·95	1·50	1·62	1·29	1·11	1·27	2·38	1·58	2·36	1·15	1·58	2·24	1·72	1·50	1·88
	*Miles Per Patient	23·35	8·65	18·50	10·40	16·39	44·95	23·22	6·01	17·84	10·96	40·91	13·51	16·85	8·15	16·08	9·40

TABLE 20—HOSPITAL CAR SERVICE STATISTICS—1954

	Item	Area										Tota
		Blandford	Bridport	Dorchester	Gillingham	Poole.	Shaftesbury	Sherborne.	Wareham.	Weymouth.	Wimborne.	
Number of Patients Carried.	Hospital Admissions ..	57	53	17	36	111	52	6	53	41	38	4
	Hospital Discharges	15	18	4	14	153	44	5	75	65	61	4
	Inter-Hospital Transfers ..	2	11	—	—	39	2	1	5	11	2	
	Out-Patient Attendances:—											
	Physiotherapy	1,721	1,934	1,152	294	5,075	382	64	1,623	4,052	3,561	19,8
	Other	2,427	1,858	1,220	973	6,513	622	270	1,865	1,169	2,869	19,7
	Occupation Centre Attendances	—	—	—	—	1,346	—	1,488	—	—	1,310	4,1
	Education, Immunisation, Social Services	290	207	184	174	12	58	162	30	11	270	1,3
	Other Patients	9	128	2	7	33	—	1	7	27	12	2
	TOTAL PATIENTS	4,521	4,209	2,579	1,498	13,282	1,160	1,997	3,658	5,376	8,123	46,4
Number of Journeys.	Patient Carrying (excluding occupation centre journeys)	1,797	1,804	1,050	607	2,284	603	219	1,317	1,376	2,516	13,5
	Occupation Centre Journeys ..	—	—	—	—	435	—	371	—	—	326	1,1
	Other Journeys	65	34	23	7	23	3	6	38	49	52	3
	TOTAL JOURNEYS	1,862	1,838	1,073	614	2,742	606	596	1,355	1,425	2,894	15,0
Mileage.	Patient Carrying (excluding occupation centre mileage)	66,911	52,802	23,180	24,666	73,307	13,868	5,972	48,325	33,135	58,003	400,1
	Occupation Centre Mileage ..	—	—	—	—	4,303	—	5,524	—	—	6,753	16,5
	Other Mileage	728	288	232	66	130	25	32	370	757	854	3,4
	TOTAL MILEAGE	67,639	53,090	23,412	24,732	77,740	13,893	11,528	48,695	33,892	65,610	420,2
	*Patients Per Journey	2·52	2·33	2·46	2·47	5·23	1·92	2·33	2·78	3·91	2·71	3·
	*Miles Per Patient	14·80	12·54	8·99	16·46	6·14	11·96	11·73	13·21	6·16	8·51	9·

*Excluding mental defectives

TABLE 21—PERSONS RESIDENT ON 31ST DECEMBER, 1954

IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT, 1948

Description of Persons	*Persons residing in*								*Totals (cols. 2 to 5)*		*No. of persons included in cols. 2 to 6 for whose maintenance other local authorities are responsible*		*No. of perso (not included cols 2 to 6) accommodated by other loc authorities for whose maintenance Council are responsible*	
	Former workhouses				*Other premises managed by the Council*		*Accommodation provided on behalf of the Council by voluntary organisations*							
	Owned by the Council		*Vested in the Minister as hospitals*											
(1)	(2)		(3)		(4)		(5)		(6)		(7)		(8)	
	M.	*W.*	*M.*	*W.*	*M.*	*W.*	*M.*	*W.*	*M.*	*W.*	*M.*	*W.*	*M.*	*W.*
Aged:														
(*a*) not materially handicapped by infirmity ..	61	52	13	11	28	45	15	36	117	144	1	3	—	5
(*b*) physically or mentally infirm	35	39	3	1	15	31	3	—	56	71	1	—	—	2
Blind	7	9	—	—	5	22	1	2	13	33	—	—	—	1
Deaf or Dumb ..	5	8	1	4	5	10	—	1	11	23	—	—	—	—
Epileptic	7	7	—	2	—	1	2	2	9	12	—	—	—	—
Crippled	5	6	4	4	12	9	—	—	21	19	1	—	—	—
Physically infirm (not being aged)	3	4	—	—	—	—	—	—	3	4	—	—	—	—
Mentally infirm (not being aged)	8	3	1	—	3	—	—	—	12	3	—	—	1	—
TOTALS ..	131	128	22	22	68	118	21	41	242	309	3	3	1	8
Children accompanied by persons over 16 ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Children accommodated under the Children Act, 1948:														
(*a*) under Section 13 (2)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*b*) under Section 13 (3)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GRAND TOTALS	259		44		186		62		551		6		9	

TABLE 22—WELFARE OF THE BLIND—REGISTRATION

Age Periods of Registered Blind Persons

	0-4	5—10	11—15	16—20	21—30	31—39	40—49	50—59	60—64	65—69	70 *and over*	*Totals*
Male	4	6	5	8	13	14	24	39	18	27	146	304
Female	4	2	—	—	12	6	14	35	28	37	259	397
Totals	8	8	5	8	25	20	38	74	46	64	405	701

Age at onset of Blindness

	0-4	5—10	11—15	16—20	21—30	31—39	40—49	50—59	60—64	65—69	70 *and over*	*Unknown*	*Totals*
Male	41	10	7	9	23	22	19	36	28	26	83	—	304
Female	30	9	3	6	13	11	28	52	31	21	192	1	397
Totals	71	19	10	15	36	33	47	88	59	47	275	1	701

Children, age under 16

	Under 2	2—4 *plus*				5-15 *plus*										*Totals*
		Educable			*Ineducable*	*Educable*						*Ineducable*				
						Attending Special Schools for the Blind		*Attending Other Schools*		*Not at School*		*In Mental Deficiency Institutions*		*At Home or Elsewhere*		
	At Home or Elsewhere	*Attending Nursery Schools including Sunshine Homes*	*In Other Residential Homes*	*At Home or Elsewhere*	*At Home or Elsewhere*	*No Other Defects*	*With Other Defects*	*No Other Defects*	*With Other Defects*	*No Other Defects*	*With Other Defects*	*Blind*	*With Multiple Defects*	*Blind*	*With Multiple Defects*	
Male	1	1	—	2	—	4	—	2	1	—	1	—	2	—	1	15
Female	1	—	—	2	1	2	—	—	—	—	—	—	—	—	—	6
Totals	2	1	—	4	1	6	—	2	1	—	1	—	2	—	1	21

Education, Training and Employment. Age periods, 16 *years and upwards*

	Employed													*Undergoing Training*			*Not Employed*										*Grand Total (i.e. total of columns (d)—(n) and At School* 16—20)	*No. of persons registered*
	In workshops for the Blind (a)	*In Home Workers Schemes for the Blind (b)*						*Otherwise than in (a) or (b) (c)*									*Unemployed but capable of and available for work—*				*Not available for work (l)*		*Not capable of work (m)*		*Not working (n)*			
																	already trained		*subject to being trained*									
	50—59	16—20	21—39	40—49	50—59	60—64	65 *and over*	16—20	21—39	40—49	50—59	60—64	65 *and over*	*Total Employed*	*For sheltered employment*	*For open employment*	*Professional or University*	*For sheltered employment*	*For open employment*	*For sheltered employment*	*For open employment*	16—59	60—64	16—59	60—64	65 *and over*		
														(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)						(o)	
Male	1	—	2	3	1	2	2	2	12	7	10	3	6	51	2	1	1	2	1	—	1	15	3	37	10	165	289	
Female	1	—		2	1	—	—	—	1	—	2	2	—	14	—	—	1	—	—	—	—	34	14	20	12	296	391	
Totals	2	—	7	5	2	2	2	2	13	7	12	5	6	65	2	1	2	2	1	—	1	49	17	57	[illegible]	461	680	

2 continued

Occupations of Employed Blind Persons (included in Col. (d) above)

	Agricultural Workers	*Basket Workers*	*Braille Copyists and Proof Readers*	*Carpenters and Woodworkers*	*Clerks and Typists*	*Dealers, Tea Agents, News-agents, Shopkeepers*	*Domestic Workers*	*Factory Operatives (open) (sheltered) Employment*	*Firewood Workers*	*Gardeners*	*Knitters*		*Labourers*	*Massage and Physiotherapy*	*Mat Makers*	*Musicians and Music Teachers*	*Piano Tuners*	*Porters, Packers and Cleaners*	*Poultry Keepers*	*School Teachers*	*Telephone Operators*	*Open Employment other than already Catalogued*	*Miscellaneous*	*Totals*
											Hand	*Machine*												
Within Workshops for the Blind	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	2
In approved Home Workers Schemes	—	5	1	1	—	—	—	—	—	—	—	7	—	—	2	1	1	—	—	—	—	—	—	18
Others not Pastime Workers	4	4	1	—	2	4	4	5	1	2	—	—	4	2	2	—	—	3	1	1	2	2	1	45
Totals	4	9	2	1	2	4	4	5	1	2	—	8	4	2	4	1	1	4	1	1	2	2	1	65

Physically and Mentally Defective and Mentally Disordered—all ages

	Mentally Disordered (a)	*Mentally Defective* (b)	*Physically Defective* (c)	*Deaf without Speech* (d)	*Deaf with Speech* (e)	*Hard of Hearing* (f)	*Not included in either (a), (b), (c), (d), (e) or (f) combination of*											*Totals* (r)
							Mentally Disordered and Physically Defective (g)	*Mentally Disordered and Deaf without Speech* (h)	*Mentally Disordered and Deaf with Speech* (i)	*Mentally Disordered and Hard of Hearing* (j)	*Mentally Defective and Physically Defective* (k)	*Mentally Defective and Deaf without Speech* (l)	*Mentally Defective and Deaf with Speech* (m)	*Mentally Defective and Hard of Hearing* (n)	*Physically Defective and Deaf without Speech* (o)	*Physically Defective and Deaf with Speech* (p)	*Physically Defective and Hard of Hearing* (q)	
Male	2	6	51	—	3	10	—	1	—	2	2	—	—	—	1	2	2	82
Female	1	4	64	1	5	20	—	—	1	—	—	—	—	—	3	5	9	113
Totals	3	10	115	1	8	30	—	1	1	2	2	—	—	—	4	7	11	195

Blind Persons age 16 and upwards (excluding those in Hostels for workers)—resident in

	Residential Accommodation provided under Part III of the 1948 Act, viz.: Section 21		*Residential Homes (other than part III)*	*Mental Hospitals*	*Mental Deficiency Institutions*	*Other Hospitals*	*Totals*
	Homes for the Blind	*Other Homes*					
Male	6	9	1	5	4	8	33
Female	19	15	9	2	2	21	68
Totals	25	24	10	7	6	29	101

Table 22 continued

Blind Persons Registered as New Cases (excluding recertifications and transfers from other areas) during the year—age at date of registration

	0-4	5—10	11—15	16—20	21—30	31—39	40—49	50—59	60—64	65—69	70 *and over*
Male	3	2	3	1	—	1	1	2	3	3	31
Female	2	—	—	—	—	—	—	3	3	4	62
Totals	5	2	3	1	—	1	1	5	6	7	93

Blind Persons Registered as New Cases (excluding recertifications and transfers from other areas) during the year—age at onset of Blindness

	0-4	5—10	11—15	16—20	21—30	31—39	40—49	50—59	60—64	65—69	70 *and over*
Male	4	2	2	1	—	1	1	2	3	5	29
Female	2	—	—	—	—	—	—	4	3	3	62
Totals	6	2	2	1	—	1	1	6	6	8	91

Number of home Teachers engaged in the area

	Certificated			*Uncertificated*			*Grand Total*
	Sighted	*Blind*	*Total*	*Sighted*	*Blind*	*Total*	
Male	—	—	—	—	—	—	—
Female	5	—	5	—	—	—	5
Totals	5	—	5	—	—	—	5

Miscellaneous Information—Number of

Social Centres
Handicraft Classes
Special Classes and Socials for the Deaf-Blind
Persons newly employed in open industry during year
Persons discharged from open industry during year
St. Dunstaners

	Total Number on Register—Age Groups and Sex								*Cases newly registe*	
	0—1	2—4	5—15	16—20	21—49	50—64	65 *and over*	*Totals*	0—1	2—4
Males	—	—	3	2	6	3	12	26	—	—
Females	—	—	2	4	9	14	39	68	—	—
Totals	—	—	5	6	15	17	51	94	—	—

Removals from Register during the year for reasons set out below

	(a) On Admission to Blind Register								*(b) O*	
	0—1	2—4	5—15	16—20	21—49	50—64	65 *and over*	*Totals*	0—1	2—4
Males	—	—	1	—	—	1	4	6	—	—
Females	—	—	—	—	—	1	—	1	—	—
Totals	—	—	1	—	—	2	4	7	—	—

Class A—Persons Near and Prospectively Blind (age 16 and over)

	Employed					*Undergoing Training*					*Unemployed—Not under Tr*						
											Available for and capable of training or work					*Not c*	
	16-20	21-49	50-64	65 *and over*	*Totals*	16-20	21-49	50-64	65 *and over*	*Totals*	16-20	21-49	50-64	65 *and over*	*Totals*	16-20	21
Males	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	
Females	—	1	2	—	3	—	—	—	—	—	—	—	—	—	—	1	
Totals	—	1	2	—	3	—	—	—	—	—	—	—	1	—	1	1	

Class B—Persons mainly Industrially Handicapped (age 16 and over)

	Employed					*Undergoing Training*					*Unemployed—Not under Tr*						
											Available for and capable of training or work					*Not*	
	16-20	21-49	50-64	65 *and over*	*Totals*	16-20	21-49	50-64	65 *and over*	*Totals*	16-20	21-49	50-64	65 *and over*	*Totals*	16-20	21
Males	—	1	—	—	1	—	1	—	—	1	—	—	1	—	1	—	
Females	1	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	
Totals	1	1	—	—	2	—	1	—	—	1	1	—	1	—	2	—	

	Class C—Persons requiring Observation only (Age 16 and over)					*Class D—Children Age 5 and under 16*				
						Educable			*Ineducable*	
	16-20	21-49	50-64	65 *and over*	*Totals*	*Attending Special Schools*	*Attending other Schools*	*Not at School*		
Males	2	3	—	3	8	2	1	—	—	
Females	—	4	4	3	11	—	2	—	—	
Totals	2	7	4	6	19	2	3	—	—	

e 24—New Housing Accommodation Provided during the Year ended 30th June, 1954.
Summary of Returns made by Rural District Councils under Housing Act, 1936, Section 88.

ew ses ted y nce	Council's Housing Programme for the year ended 31/12/54.		No. of families accommodated by Council during year ended 30/6/54	Total Number of applicants (i.e. Family Units) on Council's list requiring accommodation as on 30/6/54.	Difficulties (if any) experienced in connection with:—		
	No. of Houses	Is this programme likely to be completed as Scheduled?			Obtaining tenders	Shortage of Labour	Shortage of Materials
3	4	5	6	7	8	9	10
3	18	No.	57	118	Yes	No.	Bricks
2	34	Yes	40	124	No.	No.	No.
4	40	No.	20	175	Yes	Yes	Bricks and Cement
5	98	No.	47	671	—	No.	No.
9	85	No.	131	186	Yes	No.	Yes
9	12	No.	80	104	Yes	Yes	Bricks and Cement
8	25	Yes	147	52	No.	No.	No.
0	50	Yes	81	380	No.	Yes	No.
9	62	Yes	123	423	No.	No.	No.
9	424		*726*	*2,233*	—	—	

Housing Act, 1949—The Improvement of Dwellings.
Progress Reports received from the Rural District Councils in respect of the year ended 30th June, 1954.

	Beaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham	Wimborne
ng the year ended 30/6/54									
rivate persons ..	6	8	6	21	15* (*9 withdrawn)	9	28	20	34
the year ended 30/6/54 in									
quired) by the Council ..	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	2	Nil.	Nil.
.. .. ..	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	2	Nil.	Nil.
.. .. ..	3	Nil.	4	14	4	6	26	16	18
.. .. ..	4	Nil.	4	27	4	9	26	16	20
of improvement schemes									
nded 30/6/54 in respect of:									
quired) by the Council ..	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	£700	Nil.	Nil.
.. .. ..	£375	Nil.	£1,150	£467	£631	£575	£500	£436	£230

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A Guardianship Home at Lytchett Matravers for mentally retarded girls.

Poole Occupation Centre.
Children enjoying physical exercises in the garden.

A junior class at the Poole Centre